

THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No. 806705

VETERAN

Francis Bertrand

RANK

Pvt

SERVICE

Co H 34 101st Vol. Inf.

CAN No.

16650

ENROLL NO

35



REQUEST FOR REIMBURSEMENT OF \$100.00 FOR BURIAL EXPENSE ACCORDING TO U. S. VETERANS  
BUREAU REGULATION # 48, SEC. 8104

Francis Bertrand, Veteran of the Civil War, deceased. Cert. 806705

Private, Co. H. 34th. Regular Wisconsin Infantry, who enlisted Nov. 29, 1862  
and was discharged Sept. 8, 1863.

Deceased resided in Luxemburg, Kewaunee Co. Wis.,

Died, April 13, 1920 at Luxemburg, Wis. aged 80 yrs., 10 months, 12 days.

The attending physician was Ed. Kerscher M.D. Casco, Wis. and Veteran was ill  
from July 6, 1919 to date of death, April 13, 1920.

Name of undertaker: O. DeBaush, Luxemburg, Wis.

Date of Burial: April 15, 1920 Tonet Cemetery, Kewaunee Co. Wis.

The affiant, Desire Early, is a Grandson of Deceased Veteran, and paid all of the  
bills for last illness and burial, and makes the following statement as knowledge  
of deceased's financial situation.

Francis Bertrand, was a member of my household for about 5 years preceeding  
his death. He had no income other than the \$30 received monthly from the U. S.  
Government as pension. He had no personal property nor real estate. He was ill,  
under a doctors care and helpless for about nine months. I paid bills totalling  
\$476.00 for doctor's fees, medicine, and funeral expenses, for which I received  
no reimbursement.

Deceased was not entitled to any insurance or death benefits from any society  
association, or organization..

No amount was received from Pension office, War Department, or any State or  
Political sub-division.

I expended for the burial of deceased veteran \$115 for casket, \$7 for grave.

I hereby request reimbursement of the \$100 due according to the new ruling  
of the Veterans Bureau.

Signed

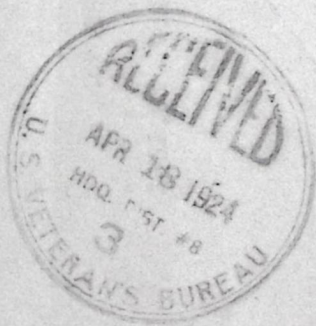
Desire Early  
R. F. D. # 5, Luxemburg, Wis.

Subscribed and sworn to before me this 21st. day of March, 1924.

Harriet A. Camwenbergh  
Notary Public

My Commission expires Nov. 23, 1924.







3-044

## APPLICATION FOR REIMBURSEMENT.

(This application, when properly executed before some officer having authority to administer oaths for general purposes, should be forwarded, together with the pension certificate and itemized bills of all expenses, to the Commissioner of Pensions, Washington, D. C.)

STATE OF Wisconsin  
COUNTY OF Kenosha

On this 13th day of May, A. D. one thousand nine hundred and Twenty  
personally appeared before me, a Notary Public within and for the County and State aforesaid,  
Desere Erley, aged 38 years, a resident of  
Town of Red Bend, County of Kenosha, State of  
Wisconsin, who, being duly sworn according to law, makes the following declaration in order  
to obtain reimbursement from the accrued pension for expenses paid (or obligation incurred) in the last sickness and burial of  
Francis Bertrand, who was a pensioner of the United States by  
certificate No. 806705, on account of the service of Soldier  
in Co. H. 34 Regiment Wisconsin Infantry  
(Describe service by company and regiment, etc., if in the Army, or by the words U. S. Navy, if in the Navy.)  
That pension was last paid to Apr 3, 1920.

That the answers to questions propounded below are full, complete, and truthful to the best of my knowledge, information, and belief, and that no evidence necessary to a proper adjustment of all claims against the accrued pension is suppressed or withheld.

1. What was the full name of the deceased pensioner? Francis Bertrand

2. In what capacity was decedent pensioned? (As invalid soldier or sailor, or as a widow, minor child, dependent relative, etc.)

By reason of act passed by Congress

3. If decedent was pensioned as an invalid soldier or sailor—

(a) Was he ever married? (Answer yes or no.)

(b) How many times, and to whom?

(c) If married, did his wife survive him? (Answer yes or no.)

(d) If so, is she still living? (Answer yes or no.)

(e) If not living, give full names and dates of death of all wives

(f) Was he ever divorced? (Answer yes or no.)

(g) If so, is the divorced wife still living? (Answer yes or no.) (If living, a copy of the decree of divorce must be filed.)

(h) If not living, give her full name and the date of her death

4. Did pensioner leave a child under 16 years of age? (Answer yes or no.)

5. Is any such child still living? (Answer yes or no.)

6. Were any sick or death benefits paid on pensioner's account? If so, give name of society and amount paid

7. Was there insurance (life, accident, or health) in force on life of pensioner at time of death? (Answer yes or no.)

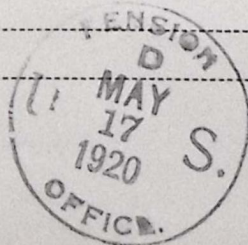
8. If so, give the name of each company in which a policy was carried and the amount in which each policy was written

9. Who was the beneficiary named in each policy?

10. What was the relation of each beneficiary to the pensioner?

11. Were the premiums paid by the deceased pensioner?

12. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that account







13. Is there an executor or administrator, or will application be made for appointment of any person as administrator? None
14. Did the deceased pensioner leave any money, real estate, or personal property? None
15. If so, state the character and value of all such property None
16. What was the assessed value (last assessment) of the real estate? None
17. How was the pensioner's property disposed of? None
18. Did pensioner leave an unindorsed pension check? (Answer yes or no.) No
19. What was your relation to the deceased pensioner? My wife's grandfather
20. Are you married? (Answer yes or no.) yes
21. What was the cause of pensioner's death? Chronic prostatic and arthritis
22. When did the pensioner's last sickness begin? Dec. 9 - 1918
23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? Dec. 9 - 1918
24. Give the name and post-office address of each physician who attended the pensioner during last sickness Edward J. Herscher MD 605 12th Ave
25. State the names of the persons by whom the pensioner was nursed during the last sickness Marie Erley and Lucy Erley his wife
26. Where did the pensioner live during last sickness? at home of Marie Erley town of Red River, Keweenaw County Wis.
27. Where did the pensioner die? same as above
28. When did the pensioner die? April 13 - 1920
29. Where was the pensioner buried? town of Red River, Cemetery
30. Has there been paid, or will application be made for payment to you or any other person, any part of the expenses of the pensioner's last sickness and burial by any State, County, or municipal corporation? (Answer yes or no.) No
31. State below the expenses of the pensioner's last sickness and burial. Write the word *none* where no charge is made in case of any item of expense noted.

(Each charge entered below should be supported by an itemized bill of the person who rendered the service or furnished any supplies for which reimbursement is demanded, and should show, over his signature, by whom paid, or who is held responsible for payment, and contain the name of the pensioner for whom the expense was incurred or service rendered.)

NAMES.	NATURE OF EXPENSES.	STATE WHETHER PAID OR UNPAID.	AMOUNT.
Edward J. Herscher MD	Physician	paid	78 00
Marie Erley	Medicine	paid	2 40
Charles Schuch	Nursing and care	paid	143 00
John Jones	Undertaker	paid	6 00
Res. M. P. Smith	Livery	unpaid	7 00
John Hallett	Cemetery	unpaid	8 80
Mrs. Chas. Jadin	Other expenses and their nature:	unpaid	2 80
	funeral service		
	Telephone calls		
	TOTAL		

32. Is the above a complete list of all the expenses of the last sickness and burial of the deceased pensioner? (Answer yes or no.) yes

That my post-office address is No. 250, on W. 5th street,  
town or city of Red River, County of Keweenaw,  
State of Wisconsin

(When the claimant for reimbursement is a married woman, she is required to sign the application with her own full name, not using the Christian name or the initials of her husband, and all bills should be receipted to her in her own name.)

Marie Erley  
(Claimant's signature in full.)



Also appeared Joseph Jones and Samuel Stage  
who, being duly sworn, say that they saw Desire Erley, the claimant, sign his  
name (or make \_\_\_\_\_ mark) to this application; that they know the claimant herein and that their answers to the  
following questions are true:

1. Did pensioner (if a soldier or sailor) leave a widow or a minor child under age of sixteen years surviving? No

2. When did the pensioner die? April 13 - 1920

3. Did pensioner leave any property? If so, state its character and value. No

4. We knew pensioner 25 years. We believe above statements to be true because We have been closely associated with Desire Erley and know him to be an honest man.

Name Joseph J. Jones Name Samuel Stage  
P. O. Address Lynchburg R. 5, Va. P. O. Address Lynchburg, Va.

Subscribed and sworn to before me this 13th day of May

A. D. 1920 and I certify that the contents of the foregoing application were fully made known and explained to the claimant and witnesses before swearing, that I have no interest, direct or indirect, in the prosecution of this claim, and I further certify that the reputation for credibility of the witnesses whose signatures appear above is Excellent

DECLARATION ACCEPTED AS  
A CLAIM UNDER THE ACT OF  
MARCH 2, 1895.

CHIEF, LAW DIVISION.

Chas. R. R.  
(Signature.)  
Nathan Rallis  
(Official character.)  
my com. for 7-1923

STATEMENT OF ATTENDING PHYSICIANS.

Give date of the pensioner's death April 13th 1920 6:20 A.M.

Give date of commencement of pensioner's last sickness December 9th 1918

From what date did the pensioner require the regular and daily attendance of another person constantly until death? Since Dec 9th 1918

During what period did you attend the pensioner? Dec 9 1918 until Apr 13-1920

State nature of disease from which pensioner died Chronic Prostatitis  
and arthritis with complete ankylosis of both knees

Give name of each person who rendered service as nurse, and who has made or will make a charge for such service Desire Erley and his wife Lucy Erley

Give name of any other physician who attended the pensioner in last sickness None

Does your bill include a charge for all medicine furnished the pensioner during last sickness? Yes

Has your bill been paid; if so, by whom? Yes by Francis Bertrand

Mention any other facts within your knowledge which in your opinion would be helpful in adjusting this claim for reimbursement:

In my opinion this patient who was constantly confined to his bed since Dec 9-1918 and needed constant care & handling was a great burden on Mr. & Mrs. Erley and for which work I understand they were not fully reimbursed

I certify that the foregoing statement is correct.  
May 13 1920 Edward J. Kerscher M.D.  
Attending Physician.





DRIPPED

# APPLICATION FOR REIMBURSEMENT.

Certificate No. 806,705

Francis Bertrand  
Deceased Pensioner.

H 34 Wis. Inf -  
Claimant.

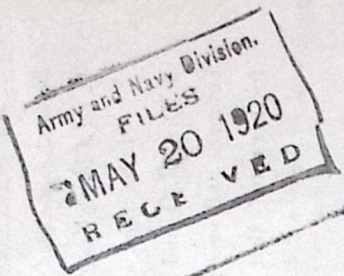
AN ACT to amend section forty-seven hundred and forty-six of the Revised Statutes of the United States. (30 Stat. L., 718.)

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section forty-seven hundred and forty-six of the Revised Statutes of the United States is hereby amended to read as follows:

"That every person who knowingly or willfully makes or aids, or assists in the making, or in any wise procures the making or presentation of any false or fraudulent affidavit, declaration, certificate, voucher, or paper or writing purporting to be such, concerning any claim for pension or payment thereof, or pertaining to any other matter within the jurisdiction of the Commissioner of Pensions or of the Secretary of the Interior, or who knowingly or willfully makes or causes to be made, or aids or assists in the making, or presents or causes to be presented at any pension agency any power of attorney or other paper required as a voucher in drawing a pension, which paper bears a date subsequent to that upon which it was actually signed or acknowledged by the pensioner, and every person before whom any declaration, affidavit, voucher, or other paper or writing to be used in aid of the prosecution of any claim for pension or bounty land or payment thereof purports to have been executed who shall knowingly certify that the declarant, affiant, or witness named in such declaration, affidavit, voucher, or other paper or writing personally appeared before him and was sworn thereto, or acknowledged the execution thereof, when, in fact, such declarant, affiant, or witness did not personally appear before him or was not sworn thereto, or did not acknowledge the execution thereof, shall be punished by a fine not exceeding five hundred dollars, or by imprisonment for a term of not more than five years."

Approved July 7, 1898.

6-1572



The Act March 2, 1895 (28 Stat. L., 964), provides—

That from and after the twenty-eighth day of September, eighteen hundred and ninety-two, the accrued pension to the date of the death of any pensioner, or of any person entitled to a pension having an application therefor pending, and whether a certificate therefor shall issue prior or subsequent to the death of such person, shall, in the case of a person pensioned, or applying for pension, on account of his disabilities or service, be paid, first, to his widow; second, if there is no widow, to his child or children under the age of sixteen years at his death; third, in a case of a widow, to her minor children under the age of sixteen years at her death. Such accrued pension shall not be considered a part of the assets of the estate of such deceased person nor be liable for the payment of the debts of said estate in any case whatsoever, but shall inure to the sole and exclusive benefit of the widow or children. And if no widow or child survive such pensioner, and in the case of his last surviving child who was such minor at his death, and in case of a dependent mother, father, sister, or brother, no payment whatsoever of their accrued pension shall be made or allowed except so much as may be necessary to reimburse the person who bore the expense of their last sickness and burial, if they did not leave sufficient assets to meet such expense.

The Act March 3, 1905 (33 Stat. L., 1169), provides—

\* \* \* and no part of any accrued pension shall hereafter be used to reimburse any State, county, or municipal corporation for expenses incurred by such State, county, or municipal corporation under State law for expenses of the last sickness or burial of a deceased pensioner.

## INSTRUCTIONS.

1. Accrued pension is not a part of the assets of the estate of a deceased pensioner, nor liable for the payment of the debts of such pensioner.
2. Accrued pension is not payable as reimbursement in the case of a person pensioned on account of service if a widow or minor child under sixteen years of age survive.
3. Accrued pension is not payable as reimbursement in the case of any pensioner who left sufficient assets to meet the expense of last sickness and burial.
4. Application for reimbursement should be accompanied by the following evidence:
  - (a) Bills of all expenses of last sickness and burial. If paid by the claimant for reimbursement the bills must be properly receipted to said claimant; but if paid in part only the creditor should state by whom paid or from what source such payment was received. If unpaid, the parties to whom said bills are due should note on each bill, over their signatures, that they hold the claimant responsible for the payment. If the bill be for medical treatment it must show the dates of visits or treatment and the charge for each. A bill for nursing and care must show the dates between which the services were rendered, and the rate per day or week. The bill of the undertaker must be itemized, and show the date on which the services were rendered.
  - Each bill must show that the service was rendered for the pensioner on account of whom reimbursement is claimed. All claims should be presented in the name of one person.
  - Bills which are forwarded become a part of the records of the Bureau of Pensions and can not be returned. Claimants should therefore secure duplicates of such bills if needed by them.
  - (b) The pension certificate which was issued in the name of the pensioner. If such certificate is not in possession of the claimant a statement showing its whereabouts or final disposition should be made.
5. A careful compliance with these instructions will save much unnecessary delay in the settlement of the claim presented.

## NOTICE.

The only sum available for payment of a claim presented on this blank is the pension unpaid at the date of the pensioner's death.

6-1572



ROYAUME  
DE  
BELGIQUE



PROVINCE  
DE

*Namur*

# EXTRAIT DU REGISTRE

aux actes de *Naissances.*

N°

Fait sur papier libre

~~Pour cause d'indigence constatée  
par certificat du Bourgmestre d~~

~~en date du~~

Pour renseignement administratif.

Des Registres de l'Etat civil de la commune  
de *Conceville* a été extrait ce qui suit :

L'an mil huit cent quarante  
le *premier* du mois de *juin*  
est né à *Conceville*, *François Joseph*  
*Bertrand*, fils de *Etienne Bertrand*  
et de *Marie Françoise Lamoij*,  
*L'Original et dument signé*

POUR EXTRAIT CONFORME :

Délivré le

*11 Mars* 190*6*

L'Officier de l'Etat civil,

*N. D. Pennevaux*









Inv. G. # 806705.  
Francis Bertrand  
"N" 34<sup>th</sup> Regt. Wis. Inf.

Kingdom of  
Belgium

Province of  
Namur.

Extract from the Register  
of the acts of Birth.

The following is an extract from the  
Civil-Register of the community  
Tongrinne:

A. D. 1840, the 1<sup>st</sup> of the month of  
June was born at Tongrinne:  
Francis Joseph Bertrand, - son of  
Etienne Bertrand and of Marie, Francis  
Lamoy, and the original is duly  
signed.

For conformable extract:

Delivered, March 15 - 1910.

The Civil-Recorder:

Signed: N. Plessemont.

Seal of the Civil-  
Registry  
of the Community  
Tongrinne.

Transl. from the French.  
C.M.B. June 17-10.



West. Div.

W. H. Ex'r.

N. D. C. No. 806, 705,  
Francis Bertrand.Co. "H", 34<sup>th</sup> Reg't Wis. Inf.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Sept. 29, 1899.

Sir:

Will you kindly answer, at your earliest convenience, the questions enumerated below? The information is requested for future use, and it may be of great value to your family.

Very respectfully,

Mr. Francis Bertrand,  
Sous-Lieut.  
Wis.

J. L. Dauphant  
Acting Commissioner.

No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name.

Answer: Lucy Baye but she died about 17 years ago

No. 2. When, where, and by whom were you married? Answer: in 1865

by Rev. P. Cruid

No. 3. What record of marriage exists? Answer: it is recorded in Wisconsin Co., Wis.

No. 4. Were you previously married? If so, please state the name of your former wife and the

date and place of her death or divorce. Answer: no and am still a widower

No. 5. Have you any children living? If so, please state their names and the dates of their

birth. Answer: Clarence Bertrand (age 33 years)

31 years Emil Bertrand 29 years Peter Bertrand 26 years  
Edmund Bertrand 24 years Henry Bertrand 23 years  
Josephine Bertrand 19 years Charles Bertrand 17 years

Date of reply, Oct 19<sup>th</sup>, 1899.

Witness to mark  
St. Maere

0-2

Francis X Bertrand  
mark  
(Signature.)



Department of the Interior,

PENSION OFFICE,

March 13, 1885.

No. 531,314

Francis Bertrand

Co. "H" 34 Wis Inf.

SIR:

I have the honor to request that you will furnish from the records of the War Department a full report as to the service, disability, and hospital treatment of

Francis Bertrand

, who, it is claimed, enlisted

Nov. 29

, 1862,

and served as

Private

in Co. "H",

34

Reg't

Wis Inf.

; also in Co. —

and was discharged at Memphis Tenn., Sept. 8, 1863.

While serving in Co. "H", 34 Reg't Wis Inf., he was disabled by

fever and ague, chronic diarrhoea and Rheumatism, in July 1863.

also

and was treated in hospitals of which the names, location, and dates of treatment are as follows:

In Reg't Hospital in July 1863, from that time to discharge sick but on duty with Co.

Very respectfully,

C. P. Clarke

Commissioner.

The Adjutant General, U. S. Army.

S.

86  
3



WAR DEPARTMENT,  
Surgeon General's Office,  
Record and Pension Division,

Washington, D. C., June 5, 1885.

Respectfully returned to the Adjutant General,  
U. S. Army.

For lack of evidence as to treatment of within  
named soldier in any hospital other than Regimental,  
no information bearing upon this case can be elicited  
from the records on file in this Office.

No hospital records of the 34 Wis. vols.

\_\_\_\_\_

were ever on file in this Office.

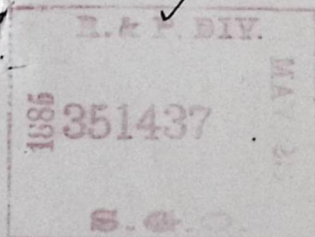
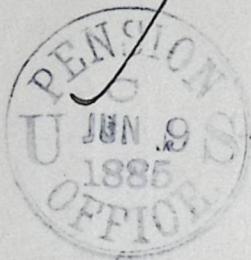
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BY ORDER OF THE SURGEON GENERAL:

*B. S. Pope*  
Assistant Surgeon, U. S. Army.  
(170.)

Per

*A. E. Conson*



(1 Encl.)





Div.

Ex'r.

## DEPARTMENT OF THE INTERIOR,

## BUREAU OF PENSIONS,

WASHINGTON, D. C.,

Return this letter with your reply.

July 21, 1893

Sir:

To further aid this Bureau in determining the merits of the above entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

Felix Marcell,  
Walham,  
Wis.

Wm Lockson

Commissioner.

When did you first see claimant after he returned from the army, and how do you fix the date?

Answer:

About August 1863

Of what disability did he complain, and how was he affected?

Answer:

ague fever

How frequently have you seen him since your first acquaintance?

Answer:

much Every two weeks

If he has continued to suffer with such disability, please describe the symptoms which were apparent to you, and state to what extent he has been disabled for manual labor thereby during each year?

Answer:

Every time that the weather is to change he is worst then when he came home

My means of knowing the facts of the case are these:

That I am living within 1/2 mile from

COMMISSIONER OF PENSIONS,  
Washington, D. C.

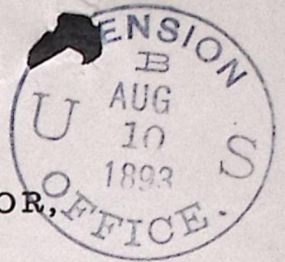
Very respectfully,

Felix Marcell  
his mark



This is to certify that this is not my own  
writing but, my son Antoine Marcell





Div.

Ex'r.

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS,

WASHINGTON, D. C.,

Return this letter with your reply.

July 21, 1893

Sir:

To further aid this Bureau in determining the merits of the above entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

Peter Jozet,  
Luxembourg,  
Wis.

Wm. Lockman

Commissioner.

When did you first see claimant after he returned from the army, and how do you fix the date?

Answer: When he went he was in better and then he got the fever.

Of what disability did he complain, and how was he affected?

Answer: Not very well.

How frequently have you seen him since your first acquaintance?

Answer: He was working in the garden.

If he has continued to suffer with such disability, please describe the symptoms which were apparent to you, and state to what extent he has been disabled for manual labor thereby during each year?

Answer: Every year sometimes more. than the other time. I tell you my prayer, is every need. Pension.

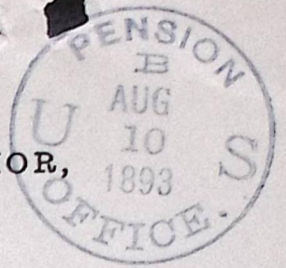
My means of knowing the facts of the case are these:

COMMISSIONER OF PENSIONS,  
Washington, D. C.

Very respectfully,

Peter Jozet.





Div.

Ex'r.

## DEPARTMENT OF THE INTERIOR,

## BUREAU OF PENSIONS,

WASHINGTON, D. C.,

West, SFB  
 No. 806705  
 Francis Bertrand  
 Co. K, 1st Reg't Wis. Inf.

Return this letter with your reply.

July 21, 1893

Sir:

To further aid this Bureau in determining the merits of the above entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

Zachariah Vandewald,  
 Luxembour, Wis.

Wm Lockman

Commissioner.

When did you first see claimant after he returned from the army, and how do you fix the date? 1863

Answer: I seen him very sick August  
 when he came home

Of what disability did he complain, and how was he affected?

Answer: he was affected with fever and  
 I never seen him well since then

How frequently have you seen him since your first acquaintance?

Answer: He was in good health when I  
 first saw him

If he has continued to suffer with such disability, please describe the symptoms which were apparent to you, and state to what extent he has been disabled for manual labor thereby during each year?

Answer: He has suffered say all the time  
 since he is back from the  
 army and he is not half a man  
 since then and after all that

My means of knowing the facts of the case are these:

support of the town he can't  
 no more support his family

COMMISSIONER OF PENSIONS,  
 Washington, D. C.

Very respectfully,

Zachariah Vandewald



## ORIGINAL.

(FOR A BOARD.)

Claim No. 531314

Name of the claimant,

Francis Bertrand

Rank,

Privates

Company,

H

Regiment,

34 Wisc

Post-office address,

Robinson Iron Works

ADDRESS OF THE BOARD:

Post office,

Menominee

County,

Menominee

State,

Michs

Date of examination,

Apr 15, 1885.

WE HEREBY CERTIFY that in compliance with the requirements of the law\* we have carefully examined this applicant, who claims that while in the service of the United States at or near a place named

Memphis Tenn

and while in line of duty, on or about the 20

Cause of disability.

day of

June

1863,

he incurred

Dysentery &amp; Malarial fever

Degree of disability.

and that in consequence thereof he is disabled for earning his subsistence by manual labor

His pulse-rate is 78 per minute; his respiration 20; his temperature 99;

his height is 5 feet and 6 inches; he weighs 140 pounds, and states that he

is 45 years of age.

Touching the cause and degree of the disability for which he claims a pension, he makes the following

Here give the statement of the claimant fully, but as compactly as possible.

statement:

Claimant states that he was first attacked with dysentery at Memphis Tenn. that he had four or five passages every hour at times, this dysentery continued for five months; Chills and fever set in shortly after the inception of the dysentery, after five or six months he improved somewhat but never during his service felt at all well.

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant.

The examination reveals the following objective facts in support of his statements: We find the

Claimant to be thin and prematurely aged in appearance.

Hair grey, face thin, tongue normal, skin

Cold, hands cold, capillary circulation poor.

Stomach quite tender, bowels tender, liver and

spleen quite tender and slightly enlarged.

He has no piles and the rectum

is in a normal condition.

His muscular system is in

fair condition; there is no contracture

of tendons, no enlargement of joints, no head trouble

and no evidence of any rheumatism. He apparently

has no existing condition and the history of this claimant, as stated by himself, it is, in our judgment,

probable that the disability was incurred in the service as he claims, and that it has

not been aggravated or prolonged by vicious habits. He is, in our opinion, entitled to a

rating for the disability caused by Chronic dysentery, 1/2 for that caused

by malarial fever, and for that caused by

the sum of which aggregates total

\* See the back.

Here give rating for each cause of disability, and state the aggregate.

B. J. Phillips, Pres.,  
A. J. Rogers, Sec'y,  
L. P. Jones, Treas.,

BOARD.



1  
SURGEON'S CERTIFICATE  
(FOR A BOARD)

IN CASE OF

*Francis Bertrand*

Co. *H*, *34* Reg't *Wis*

*Application for Pension.*

No. *531314*

Date of examination: *April 15*  
*1885*

*A. J. Roseberry*  
Examining Surgeon.

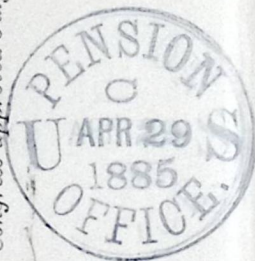
Post office, *Menominee*

County, *Menominee*

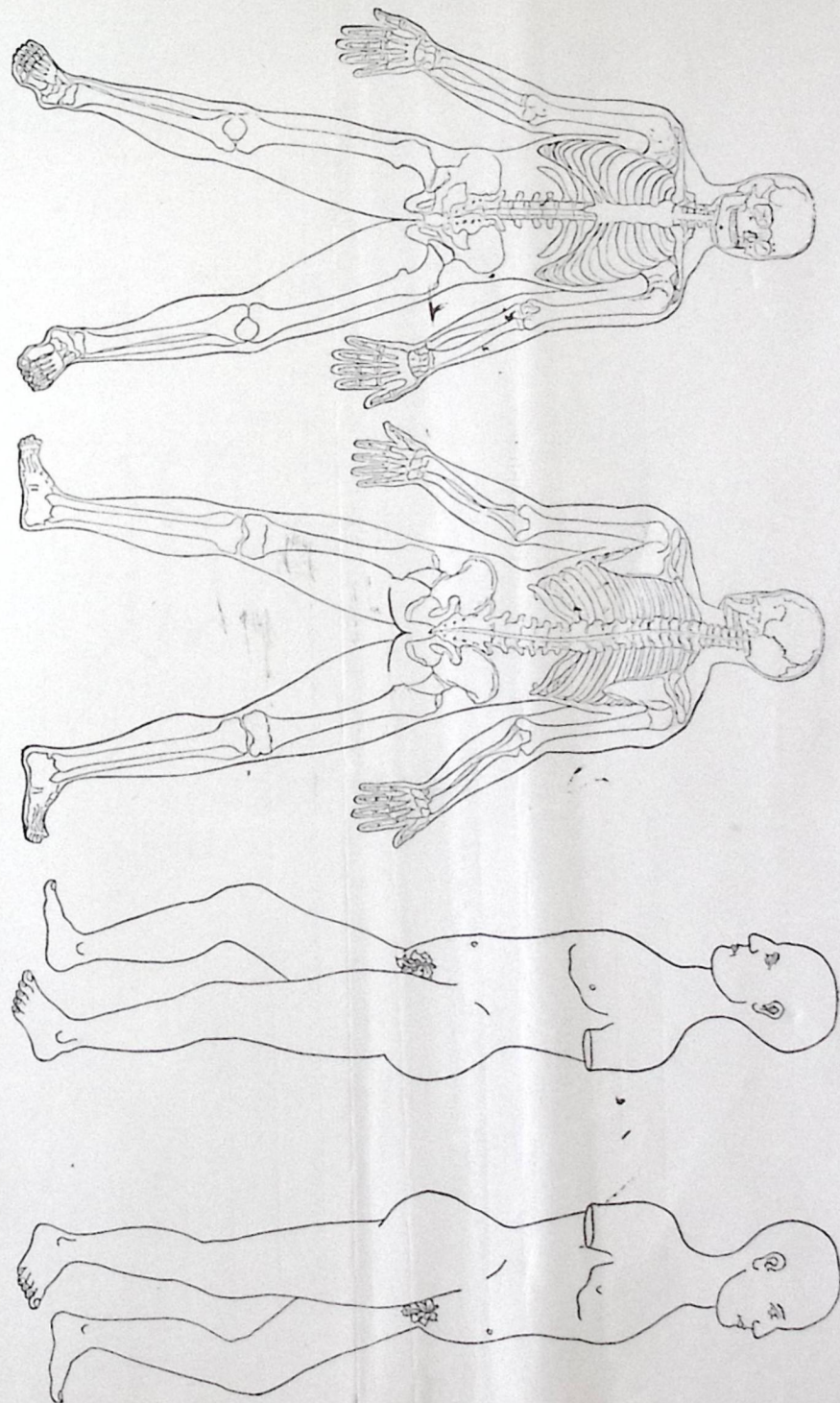
State, *Michigan*

P. S.—Write your Post-office address plain and in full.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]



(460—100 M.)





Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Name and rank of claimant.

Claimant's post office address.

Pension Claim No.

Rank,

Company,

Reg't

State,

(Post office address of the Board)

(Date of examination.)

We hereby certify that in compliance with the requirements of the law\* we have carefully examined

this applicant, who states that he is suffering from the following disability, incurred in the service, viz:

Cause of disability.

*Fever and ague, chronic diarrhoea & rheumatism.*

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of \_\_\_\_\_ dollars per month.

Pulse rate per minute, *86*; respiration, *20*; temperature, *98.5*; height, *5* feet *6* inches; weight, *153* pounds; age, *51* years.

He makes the following statement upon which he bases his claim for †.

Here give the claimant's statement as briefly and as compactly as possible.

*In Tennessee in June 1863 I had Malaria & went to Reg'tal hospital for 6 days. About the same time I had a severe diarrhoea, which lasted over a year & was treated for it after coming home. I have it yet & pass a good deal of blood at times. Had rheumatism at same time with other diseases in arms, shoulders, back & legs. I can only do light work on account of this rheumatism & the results of the other diseases.*

Upon examination we find the following objective conditions:

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant.

*Man is fairly well nourished, tongue clean, skin natural, conjunctiva clear, abdomen rather flat also epigastrium, tenderness over descending colon no tympanitis, no distention of stomach. Liver is of normal size, also spleen. Sounds of heart, apex beat & size all normal. He has a fissura in ano anteriorly. Haemorrhoidal vessels are engorged, diarrhoea present. we find our small pile on right side, of about the size of a lima-bean. No deformity in joints, muscles or tendons, except the muscles of back are hard and rigid and we believe, that he suffers from Lumbago, for which he is disabled equal to 4/18; by reason of the diarrhoea and resulting disease of rectum equal to 4/18 of 3<sup>d</sup> grade.*

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as 1/18, total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action, in rating.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, \_\_\_\_\_ probable that the disability was incurred in the service as he claims, and that it has

not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a *4/18 of 3<sup>d</sup>* rating for the disability caused by *Lumbago*, *4/18 of 3<sup>d</sup>* for that caused

Rate for each cause of disability. If prolonged by vicious habits, the word *not* should be erased and the reason for the erasure given.

by *diarrhoea & disease of rectum* caused by \_\_\_\_\_

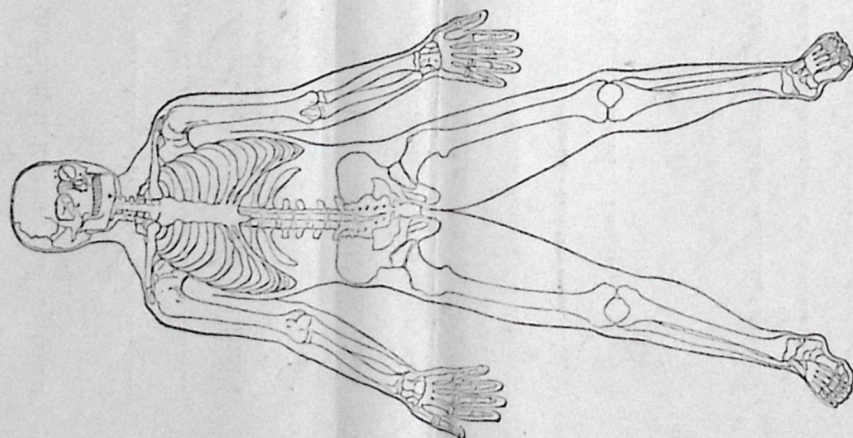
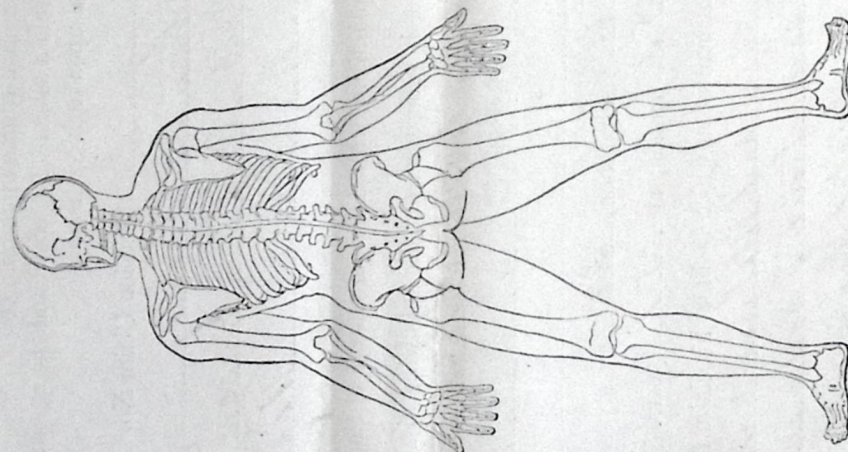
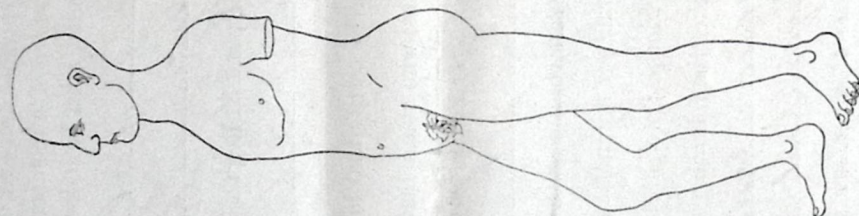
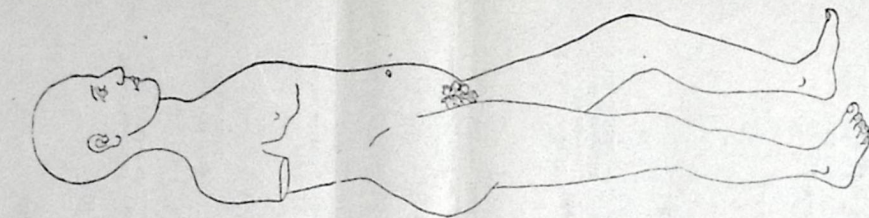
\* See the back.

† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

*B. C. Smith*, Pres. *Samuel Smith*, Sec'y. \_\_\_\_\_, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.





Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

## SURGEON'S CERTIFICATE

IN CASE OF

*Francis Bertrand*  
Co. *A*, *34th* Reg't *Wis. Inf.*

Applicant for *Original*  
No. *531314*

DATE OF EXAMINATION:

*March 19th*, 18*90*.

*B. G. Smith*, Pres.,  
*Wm. Beck*, Sec'y, } BOARD.  
Treas., }

Post office,

*Green Bay*

County,

*Brown*

State,

*Wisconsin*

P. S.—Write your Post-office address plainly and in full.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]

*AMC*



Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Name and rank of claimant.

Claimant's post-office address.

(Original says) Original  
[State above whether for original, increase, or restoration.]

Pension Claim No. 806,705

Frances Bertrand

Rank, Priv

Company H 34 Reg't 1st Inf

Green Bay Wis State,

Tonk, Kewanna Co. Wis.

August 9th 1893.  
[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz: Rheumatism, Chron. diarrhoea and resulting disease of rectum, and malarial poisoning.

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of \_\_\_\_\_ dollars per month

He makes the following statement upon which he bases his claim for Original  
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

I contracted fever and ague and diarrhoea while in service in 1862, after this I contracted rheumatism which troubles me severely. Have had attacks of former disease since I came home also diarrhoea and piles are the result.

I can do about 1/2 a man's work

Here give a full description of the disabilities, in accordance with Book of Instructions.

Upon examination we find the following objective conditions: Pulse rate, 88; respiration, 22; temperature, 98.6; height, 5 feet 1 inches; weight, 135 pounds; age, 54 years. Claimant is very poorly nourished and he seems to be feeble and poor in flesh. Tongue clean and red furrowed. Edema of is full and tympanitic and he is very tender over epigastric region. Splenic dullness cannot be determined on account of tympanitic in left hypochondrium but size of liver seems to be normal though he is very tender upon pressure in that region. He is disabled by Dyspepsia and Dilatation of stomach equal to 7/8 of 3/4 g. Examination of rectum shows that it is red and inflamed, one pile tumor on left and one on right side each as large as a hickory nut both ulcerated & bleeding. He is disabled by Piles and disease of rectum equal to 7/8 of 3/4 grade. Man is very stiff and slow and all of his movements joints are creaking and those of hand are enlarged and clumsy causing deformity of hands. He is disabled by Chronic Rheumatism equal to 7/8 of 3/4 g.

He is, in our opinion, entitled to a 7/8 of 3/4 g.

Rate for EACH cause of disability.

rating for the disability caused by Dyspepsia Dil. stomach 7/8 of 3/4 g. for that caused by

General Rheumatism and 7/8 of 3/4 g. for that caused by

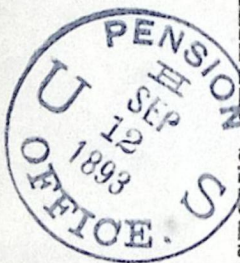
Piles and disease rectum

O. B. Brett, Pres. Hue Beck, Sec'y. F. L. Lewis, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.



Examination of heart reveals nothing  
that would indicate disease of that organ.  
No other disability found



SURGEON'S CERTIFICATE

IN CASE OF

Francis Bertrand

Co. H, 34 Reg't Wis Inf.

Applicant for Discharge

No. 806705-

DATE OF EXAMINATION:

August 9th, 1893.

W. H. Burt, Pres.,  
H. B. Beck, Sec'y,  
F. L. Lewis, Treas.,

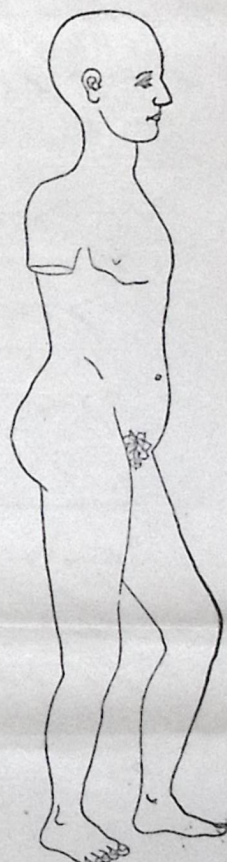
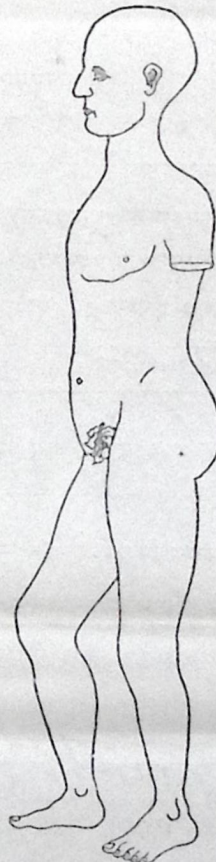
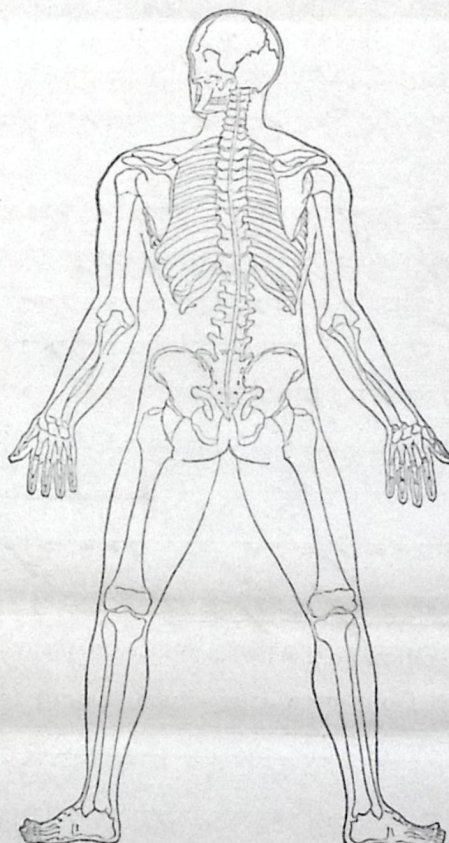
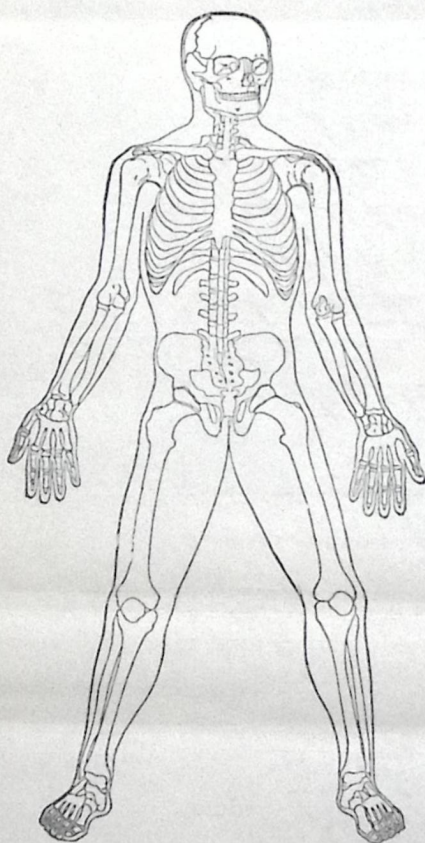
BOARD.

Post office, Green Bay

County, Brown

State, Wisconsin

P. S.—Write your Post-office address plainly and in full.



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]



## SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Cause of disability.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the origin of his disabilities and the manner in which they affect him.

*New Disability* Pension Claim No. 806.705  
Francis Bertrand P. O. Green Bay  
Per. Co. 34 Reg't Wis. Inf. Address of Board. Wisc. Insulin State. October 18, 1899

Rheumatism, chr. diarrhoea & resulting disease of rectum & malarial poisoning, or any other disability. He receives a pension of \$6 dollars per month.

He makes the following statement upon which he bases his claim for Increase.  
 [Original, increase, restoration, etc.]

Man is very weak from rheumatism, & piles bother him a good deal. Can't do any manual labor.

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, which should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 100-108-120, respiration, 22-25-28, temperature, 98.6,  
 [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]  
 height, 5 feet 6 7/8 inches; actual weight, 145 pounds; age, 61 years.

Here give a full description of the disabilities, in accordance with Book of Instructions.

The actual or probable origin of every existing disability must be fully set forth.

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

Cracking in both shoulder-joints upon motion which is limited to about 1/2 of normal - rheumatic pains also very bad in right leg and knee. Muscles in both upper extremities and in left hip very flabby - walks slightly lurch and with a cane. No differences in measurement in arms, or legs, except left knee-joint is 1" larger in circumference than right. Joints are dry and stiff - so are the tendons. Heart: Apex is 1 inch below & on a line with left nipple, no murmur, action very weak, somewhat irregular & intermittent, area is enlarged to 4" vertically & 3 3/4" horizontally. No cyanosis, no edema, some dyspnoea. Dilatation of heart. No diarrhoea now, but extremely constipated. Liver is very large - dullness is 4". Digestion very slow & bad - painful. Spleen's dullness is 3" - very tender over liver & splenic region. Rectum is very red & inflamed, mucous discharge - 3 small piles tumours on right side ulcerated & bleeding comes down at stool, very tender. No other disabilities - no vicious habits. Rheumatism - 6/18 - Dil. of heart - 6/18 Diarrhoea & constipation - 4/18 Dis. of liver & spleen - 4/18 Indigestion & Dis. of rectum - 6/18  
B. B. B. Pres. M. B. Sec'y. J. B. Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (3-111 g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.



An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. B. O. But, Dr. Ham Beck, and Dr. L. H. Gregory were personally present and actually participated in the examination of Francis Portland the claimant in this case, on 18th day of October, 1899  
(Signature.) Ham Beck

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, \_\_\_\_\_, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_, the examining surgeons here present (waiving examination by full board), on this \_\_\_\_\_ day of \_\_\_\_\_, 1899."

(Signature.) \_\_\_\_\_

24 24  
PENSION NOV 8 1899 S. Norton  
**SURGEON'S CERTIFICATE**

IN CASE OF

Francis Portland

Co. H, 34 Reg't Wis. Inf.

APPLICANT FOR R. Disability

No. 806,705

DATE OF EXAMINATION:

October 18th, 1899

BOARD.

B. O. But, Pres.,

Ham Beck, Sec'y,

L. H. Gregory, Treas.,

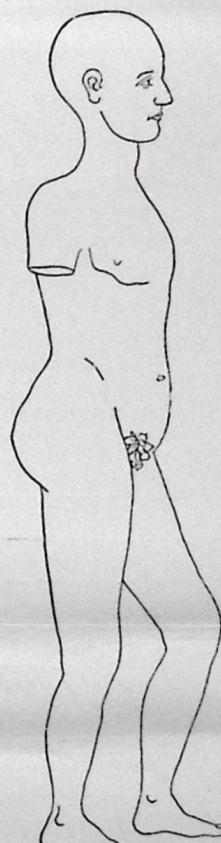
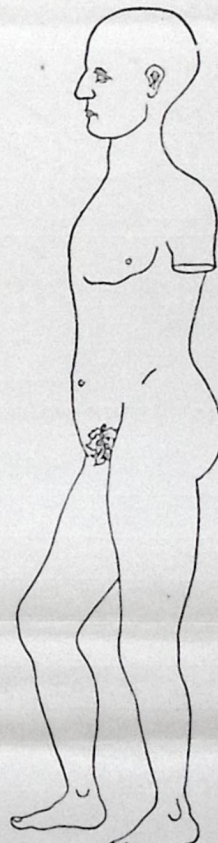
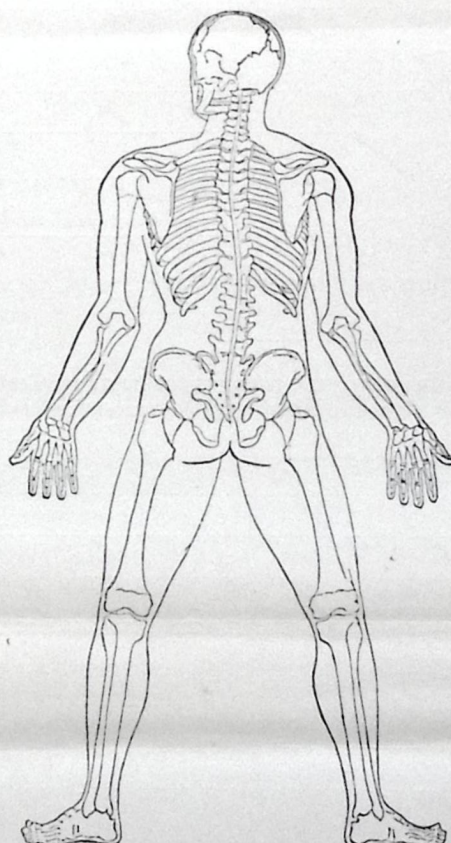
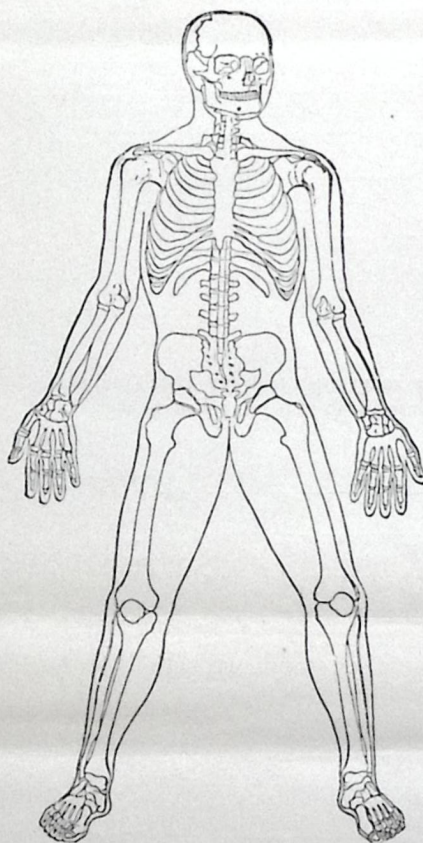
Post office, Green Bay

County, Brunswick

State, Wisconsin

P. S.—Write your Post-office address plainly and in full.

Leominster



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [Extract from Section 4, Act of Congress approved July 25, 1882.]



# **SURGEON'S CERTIFICATE.**

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Cause of disability.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.

Here give a full description of the disabilities, in accordance with Book of Instructions.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

Increase Pension Claim No. 806.785  
Francis Bernhard Address of Board. Mudford P. O. Ind  
 Company H 34<sup>th</sup> Reg't Indol Inf State. Ind  
Kenyon Price Co Ind Oct-5 190 4  
 [Date of examination.]  
Chronic diarrhoea and resulting  
disease of rectum and malarial poisoning  
 He receives a pension of Eight dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Claims above disabilities  
original during service

The outlines of the human skeleton and figure upon the back of this certificate should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

Birthplace, Belgium age, 67 years; height, 5 ft 8 in  
 weight, 145 pounds; complexion, Light; color of eyes, Grey  
 color of hair, Grey; occupation, No occupation; permanent marks and  
 scars other than those described below, No marks no scars

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 96/100/125; respiration, 20/24/30; temperature, 98.4  
 [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

Chronic diarrhoea  
Tongue not coated skin mudd  
and clear not emaciated stomach  
liver and spleen normal in size  
liver dullness from lower border of  
10 rib to upper border of 7 rib

Disease of rectum  
Rectum congested bleeding  
and ulcerated vessels not engorged  
no tumors no fissures no stricture  
no prolapse

Malarial poison  
No indication of malarial poison  
Deafness  
Can hear ordinary conversation  
at 2 feet and loud conversation at  
3 feet with both right and left ear  
external auditory apparatus normal

No other disabilities found to exist

We find that the aggregate permanent  
disability to perform a full range of manual  
labor is due to disease of rectum  
deafness and age not due to vicious  
habits and warrants a rating of 10

Absent Pres. O E Upshur Sec'y. E. E. Bage Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon.  
 When additional space is needed to complete report of examination use blank certificate (old No. 3-111) properly  
 numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.



An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. \_\_\_\_\_, Dr. \_\_\_\_\_, and Dr. \_\_\_\_\_, were personally present and actually participated in the examination of \_\_\_\_\_, the claimant in this case, on \_\_\_\_\_ day of \_\_\_\_\_, 190 \_\_\_\_\_."

(Signature.)

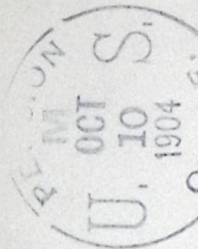
(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, Francis Berland, the applicant for (increase or original) pension referred to in this medical certificate hereby consent to be examined by Dr. E. Le Sage and Dr. O. E. Nyström, the examining surgeons here present (waiving examination by full board), on this 5 day of Oct, 190 4.

(Signature.)

Francis Berland

Witness to mark J. B. Pinner  
Oscar Nyström



# SURGEON'S CERTIFICATE

IN CASE OF

Francis Berland  
Co. H, 34<sup>th</sup> Reg't

APPLICANT FOR Increase

No. 806706

DATE OF EXAMINATION:

Oct-5, 190 4

BOARD.

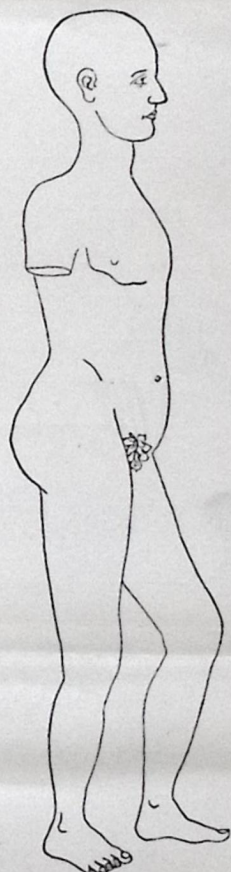
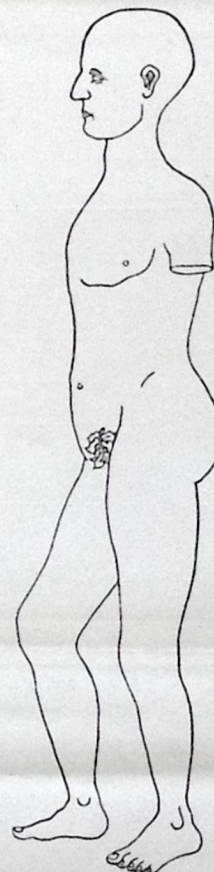
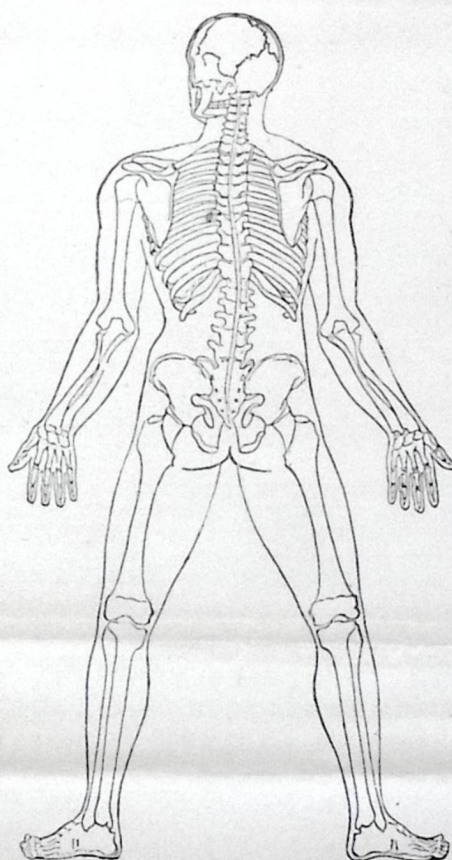
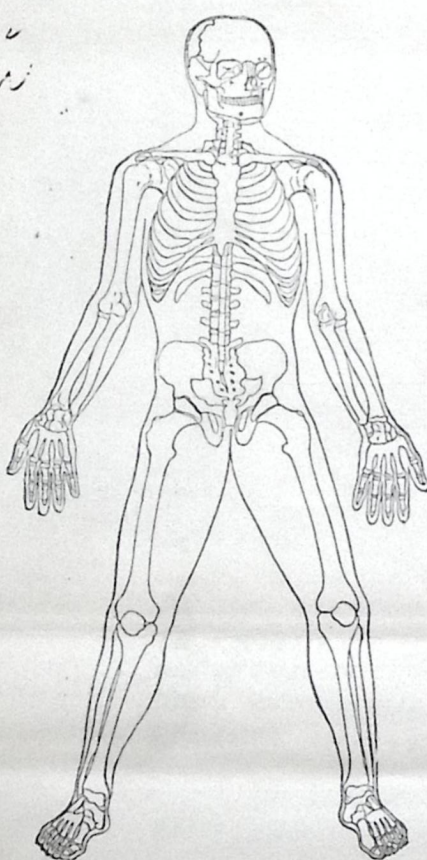
Abner, Pres.,  
O. E. Nyström, Sec'y,  
E. Le Sage, Treas.,

Post office,

County,

State,

P. S.—Write your Post-office address plainly and in full.



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [Extract from Section 4, Act of Congress approved July 25, 1882.]



BUREAU OF PENSIONS,

Washington, D. C.,

Board of U. S. Examining Surgeons, *Medford, Wis*

Dr. *C. E. Nystrum* Secretary.

Gentlemen:

In the case of *Francis Bertrand* *# 34* *to this Vol. Sub*  
*Off # 806705* whom you examined on *Oct 57904*  
further information is desired as indicated below. Please write  
your amendment upon the accompanying blank and forward it  
promptly in the inclosed envelope, together with this letter.  
It should be dated, and signed by each member who participated  
in the examination.

If it is necessary to recall the applicant, he may be  
addressed at *Kennan, Price Co Wisconsin.*

*This claim is under the General  
law therefore please rate each disability  
separately and in fractional form, independent  
of the effects of age, Per 114 to 126 Instructions  
1902. (and par. 67)*

*Sam Houston*

Medical Referee



# SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Name of claimant.

Pension Claim No. 806705  
Francis Bernhard  
H, Company 34, Reg't 1st Vol. Inf

Address of Board.

Medford  
Wis.

Oct 5, 1904  
 [Date of examination, not of amendment.]

## EXAMINATION - Continued.

If used for amendment place date of the new matter at the beginning of same, following the word amended.

Amendment Valid Oct-18-1904  
Chronic Diarrhoea

Tongue not coated skin mddy and clear not emaciated stomach liver and spleen normal in size liver dullness from lower border of ribs to upper border of ribs No R  
 Disease of Rectum

Rectum congested bleeding and ulcerated vessels not engorged no tumors no fissures no stricture no prolapse R  $\frac{2}{18}$

Malarial Poison

No indication of malarial poison

Deafness

Can hear ordinary conversation at 2 ft- and loud conversation at 3 ft- with both right and left ear R  $\frac{4}{30}$

No other disability found to exist.

Marginal entries must never be made.

Absent, Pres.

CE Wyshin, Sec'y.

E. L. Bage, Treas.



Do not use the back of this blank for any purpose except as indicated.

~~318~~  
~~25~~

PENSION  
OCT 20  
1904  
OFFICE

# SURGEON'S CERTIFICATE

IN CASE OF

*Francis Bertrand*

Co. *K*, 3rd Reg't *This. Vol. Inf*

Applicant for *Increase*

No. *806705*

DATE OF EXAMINATION:

*Oct 5*, 190*4*

*Absent*, Pres.,  
*C. B. Wythe*, Sec'y,  
*E. E. Sage*, Treas.,  
BOARD.

Post-office, *Medford*

County, *Jay*

State, *This*

Fill all blank spaces above.

7155b50m-2-03

*W. W. W.* OCT 24  
DIVISION OCT 21 1904



## SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Names of disabilities.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.

Here give a full description of the disabilities, in accordance with Book of Instructions, and make a separate paragraph for each disability.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

Pension Claim No.

Address of Board.

P. O.

State.

[Date of examination.]

Single surgeons will use this blank, changing "we" to read "I."

Increase

Francis Bertrand

Company H-34 Reg't Wis Inf.

Kewanee Wis.

Pension Claim No. 4806705

Address of Board. Lady Smith

Y. Wis.

Sept 5 - 1906

Rheumatism and Senile Debility.

He receives a pension of ten dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him:

Is suffering from Rheumatism and Senile Debility. Of about ten years standing. It first started after attack of fever in 63 or 64.

Birthplace, Brunel Belgium; age, 67 years; height, 5-6; weight, 140 pounds; complexion, Fair; color of eyes, Gray; color of hair, White; occupation, None; permanent marks and scars other than those described below, None.

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 96-102-110; respiration, 22-24-30; temperature, 98.

His Exercise was after climbing one flight of stairs.

Applicant is suffering from Senile Debility with atrophy of muscles of the arms and legs.

Condition of heart is normal

Lungs are normal.

Kidneys are normal

Rectum is practically normal

He has some chronic diarrhoea

also chronic inflammation of the stomach. bowels are constipated the rest of the time.

This applicant is unable to perform any manual labor and we think his rate should be \$12.00

Left arm and both limbs are nearly useless.

Pres. W. L. Stephenson, Sec'y. H. R. P. Coe, Treas.



An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. Stephenson, Dr. Ross, and Dr. \_\_\_\_\_, were personally present and actually participated in the examination of Francis Bertrand, the claimant in this case, on 5th day of September, 1906."

(Signature.)

W.L. Stephenson M.D.

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, Francis Bertrand, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. Stephenson and Dr. Ross, the examining surgeons here present (waiving examination by full board), on this 5th day of September, 1906."

Witnesses to mark.

W.L. Stephenson

(Signature of Applicant.)

(X) His Mark

**SURGEON'S CERTIFICATE**

IN CASE OF

Francis Bertrand

Co. H. 34 Reg't Wis. Inf.

APPLICANT FOR Increase

No. 806705

DATE OF EXAMINATION:

Sept. 5th, 1906

BOARD.

Pres.,

W.L. Stephenson, Sec'y,

Treas.,

W.R.T. Ross.

Post office,

Ladysmith

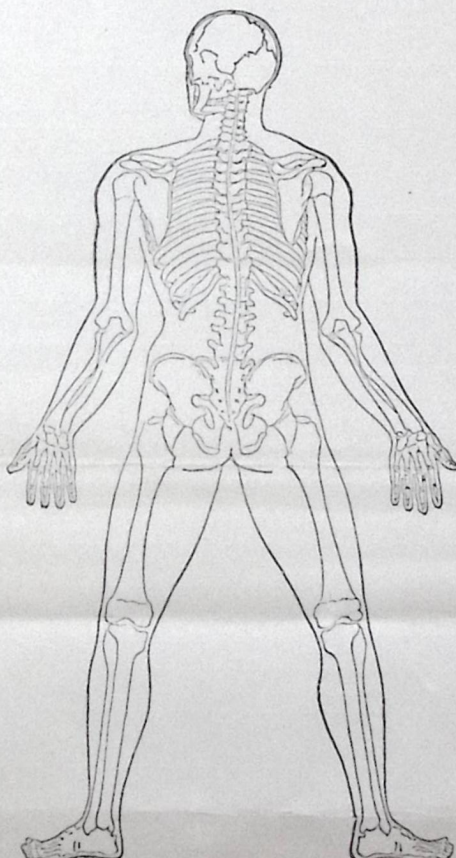
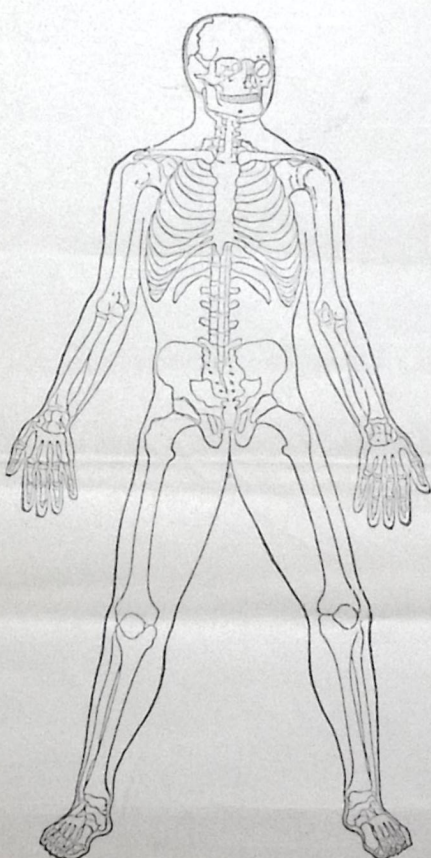
County,

Rusk

State,

Wisconsin

Do not use backs of certificates for any purpose other than indicated by printed matter thereon. 6-532a



The outlines of the human skeleton and figure should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.



Page  
Med. Div.  
T.R.P.

**Department of the Interior,**  
**BUREAU OF PENSIONS.**

Washington, D. C., Sept. 21, 1906.

Board of U. S. Examining Surgeons,  
Court House, Ladysmith, Rusk Co., Wis.  
Dr. W. L. Stephenson, Secretary.

Gentlemen:

In the case of Francis Bertrand, Co. H 34<sup>th</sup> Wis. Inf.,  
Certificate No. 806705, whom you examined on Sept. 5, 1906,  
further information is desired as indicated below. Please write  
your amendment upon the accompanying blank and forward it  
promptly in the inclosed envelope, together with this letter.  
It should be dated, and signed by each member who participated  
in the examination.

If it is necessary to recall the applicant, he may be  
addressed at Kennan, Wis.

Chronic diarrhea: Please report the indications of inflammation  
of stomach and describe the condition of the liver, spleen and  
bowels. Indicate state of nutrition.

Malarial Poisoning: Is there any evidence of this disability?  
Is he anemic or debilitated? Is the liver or spleen enlarged?

Rheumatism: Is there any evidence of this disability? If so  
describe it fully.

You report left arm and both limbs nearly useless. Please  
describe the condition more fully and show the cause of the disa-  
bility. Is there any other disability? Is there any evidence of  
vicious habits? Drs. Stephenson and Ross made this examination.

Very respectfully,

*V. Warner*

Commissioner.



# SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Name of claimant.

Pension Claim No.

806705.

Francis Bertrand

H. Company

34<sup>th</sup> Reg't Inf.

Address of Board.

Ladysmith, Miss.

Sept. 5, 1906.

[Date of examination not of amendment.]

## EXAMINATION—Continued.

If used for amendment place date of the new matter at the beginning of same, following the word amended.

Stomach is very tender. walls are thickened also a good deal of tenderness over the bowels.

Liver is normal

Spleen is normal

Nutrition is fair

No evidence of malarial poisoning  
He is anemic and debilitated

Liver and spleen are not enlarged

Loss of motion of left arm and both limbs  
are due to atrophy of the muscles very slight loss of motion in joints. no evidence of vicious habits

No present evidence of rheumatism. out side of very slight loss of motion of the joints and atrophy of the muscle.

Marginal entries must never be made.

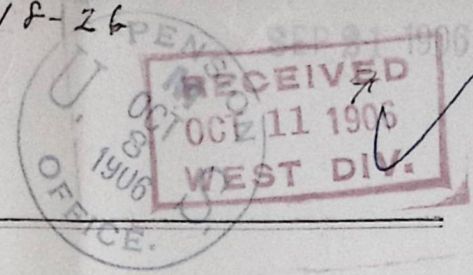
, Pres. W. L. Stephenson, Sec'y.

W. R. J. Pres. Treas.



Do not use the back of this blank for any purpose except as indicated.

318-26



## SURGEON'S CERTIFICATE

IN CASE OF

*Francis Bertrand,*

Co. *H*, 34<sup>th</sup> Reg't *Wis. Inf.*

Applicant for *Inc.*

No. *806705*

DATE OF EXAMINATION:

*Sept. 5*, 190*6*,

*W. R. Stephenson*, Pres.,  
*H. R. Ross*, Sec'y, } BOARD.  
*per W. R. Ross*, Treas., }

Post-office, *Ladysmith*,

County, *Rust*,

State, *Wis.*

Fill all blank spaces above.

*W. R. Ross*

OCT 9 - 1906



Widow Division  
I.C. 806,705  
Francis Bertrand  
H 34 Wis. Inf.

January 5, 1924

Harriet A. Camvenbergh  
American Red Cross  
Green Bay, Wisconsin

Madam:

In reply to your letter of recent date I have to advise you that the pension accruing from the date to which last paid to the date of the death of the above named pensioner, which amounts to \$10.67, is the only fund from which reimbursement of the expenses of his last sickness and burial could be allowed by this Bureau.

A claim for reimbursement filed May 17, 1920, by Desire Earley, R. R. #5, Luxemburg, Wis., is considered as having been abandoned, no evidence having been furnished in response to a call made May 28, 1920.

If Mr. Earley desires to continue the prosecution of his claim, he should so state.

Under the provisions of the Act of Congress approved March 4, 1923, the Veterans Bureau is authorized to make an allowance for the burial of deceased veterans in certain cases, and correspondence relative thereto should be addressed to The Director, Veterans Bureau, Washington, D. C.

Respectfully,

JGB:D

Acting Commissioner



Not found in Dis-  
missing Office index



LET US BE OF SERVICE TO YOU

ORGANIZED IN 1902

## Bank of Luxemburg

CAPITAL \$50,000.00

OFFICERS & DIRECTORS  
L. ALBERT KAREL, PRES.  
CHAS. L. PETERS  
AUGUST SPITZER  
OLIVER DEBAUCH  
ART. C. BAZLEN, CASHIER  
CLEM RASS, TELLER

Luxemburg, Wis. April 15-20

*Paid here*

Treasury Department:-

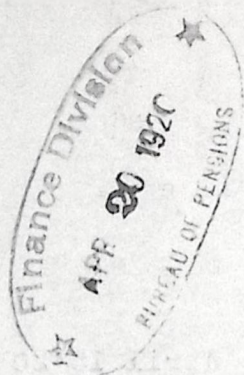
Mr Frank Bertrand an old G.A.R. veteran died April 13th, please advise Desire Erley, Luxemburg Wisconsin what amount of back pension their is due him and send him the necessary blanks.

Truly yours,

Bank of Luxemburg

APR 19 1920





Francis Bertrand  
806705



After 10 days, return to  
BANK OF LUXEMBURG,  
LUXEMBOURG, WIS.



**FINANCE**

Treasury Department,

Division of Pensions

Washington D.C.

*Handwritten:*  
Francis  
806705  
1



Mr. D.

X



Ed.  
A. & M. Div.  
Reim. Sec.  
I. C. 806705  
Francis Bertrand  
Co. H, 34 Wis. Inf.

May 26, 1920.

Mr. Desire Erley  
R. D. #5  
Luxembourg, Wisconsin.

Sir:

In your claim for reimbursement in the above cited case you are advised that an itemized bill is required from the undertaker, which should contain the name of the pensioner, and show over the signature of the creditor by whom paid, or, if unpaid, that you are held responsible for payment.

It is proper to state that the accrued pension in this case amounts to but \$10.67, and there is no other fund from which reimbursement could be allowed.

Very respectfully,

Commissioner.

EH-deb

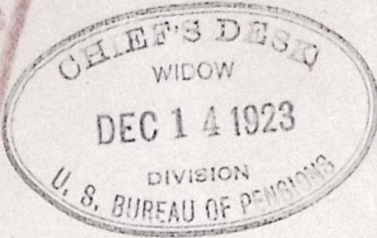


THE AMERICAN



RED CROSS

*Draw  
Clim filed*



BROWN COUNTY CHAPTER  
GREEN BAY, WISCONSIN

December 11, 1923

Commissioner of Pensions,  
Bureau of Pensions,  
Washington, D.C.

Francis Bertrand,  
(deceased Pensioner)  
Cert. 806705 ✓  
Pvt. Co "H" 34 Reg. Wis. Inf.

Dear Sir:

The above named pensioner died April 13, 1920, at the home of Desire Earley, Luxemburg, Wisconsin, with whom he had lived for some time previous.

The pensioner had no income other than the pension received and had been ill a long time previous to his death, so that there is now owing Mr. Earley \$476.00 for doctor bills and funeral expenses connected with Mr. Bertrand's illness and death.

We wish information on the following:

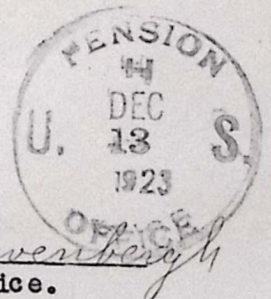
Can Mr. Earley receive the \$100.00 burial expense allowed for Veterans dying without sufficient funds for burial, Can he collect the accrued pension due Mr Bertrand at time of death, and will the Government allow anything toward extra care and doctor bills paid by him.?

If blanks are available on which to make any of the above application we will upon receipt of same assist man to fill them out. If not please give us all the necessary information for the application of various amounts.

Thanking you in advance for this assistance, we are,

Very truly yours.

*Harriet A. Cammerberg*  
Director Post War Service.





St. Bontrand call

January 1919

1 call to Doctor Keshner 40 cts

to Green Bay to his son

July date	1919	10 cts
August 1	1	10
August 10	1	10
August 30	1	10
Oct 18	1	10
Oct 30	1	10
Dec 15	1	10
Dec 25	1	10
Jan 10	1920	10
Jan 20	1	10
Feb 15	1	10
March 5	1	10
March 10	1	10
March 15	1	10
March 20	1	10
March 21	1	10
March 25	1	10



other scale

this was Paid by Green Bay



RECEIVED  
MAY 10 1920  
DIVISION

to Green Bay

march 27	11	1920	10 ct
march 30	11	11	10 ct
april 1	11	11	10 ct
april 5	11	11	10 ct
april 10	11	11	10 ct
april 12	11	11	10 ct
april 12	11	11	10 ct

RECEIVED  
MAY 17 1920  
LAW DIVISION

Paid by Desire Healey

from Mrs Charles Jadin



Telephone Calls

For Mr. Frank Bertrond

Called by Mr. Jule Hallik

For Doctor Kerschner.

(24) Calls.

Each Call cost (35) cents

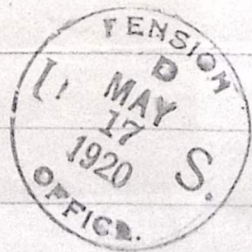
Mr. Jule Hallik.

Gen Emburg

Wisconsin

Route 4

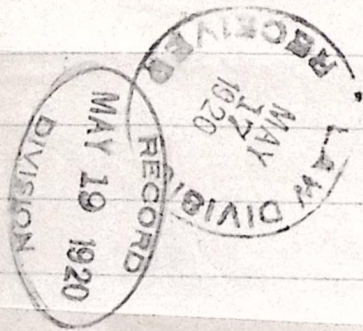
Box 86



Look  
other  
side



Called to Green Bay for his son  
Cost 40 cents.





ACT OF MAY 11, 1912.

3-695

1.806,705

Reissue



**BUREAU OF PENSIONS**

It is hereby certified That, in conformity with the laws of the  
United States Francis Bertrand,

who was a Private Co. H 34<sup>th</sup> Regiment Wisconsin Infantry

is entitled to  
a pension at the rate of Nineteen, dollars per month, to  
commence June 8, 1912, and Twenty-two and one-half dollars per  
month from June 1, 1915

Given at the Department of the Interior this

third day of April

one thousand nine hundred and thirteen

and of the Independence of the United States

of America the one hundred and thirty-seventh

*Francis L. Taylor*

Assistant Secretary of the Interior

Countersigned,

*J. L. Davenport*

Commissioner of Pensions.  
K. L. F.

Former payments, covering any portion of the same time to be deducted.



RECEIVED  
MAY 19 1920  
DIVISION

That section forty seven hundred and forty five, title fifty seven of the Revised Statutes of the United States is hereby amended to read as follows:

Sec. 4745.—Any pledge, mortgage, sale, assignment, or transfer of any right, claim, or interest in any pension which has been, or may hereafter be, granted, shall be void and of no effect, and any person who shall, pledge or receive as a pledge, mortgage, sale, assignment or transfer of any right, claim, or interest in any pension, or pension certificate which has been, or may hereafter be, granted or issued, or who shall hold the same as collateral security, for any debt, or promise, or upon any pretext of such security or promise, shall be guilty of a misdemeanor; and upon conviction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution; and any person who shall retain the certificate of a pensioner and refuse to surrender the same upon the demand of the Commissioner of Pensions, or a United States pension agent, or any other person authorized by the Commissioner of Pensions or the pensioner, to receive the same shall be guilty of a misdemeanor; and upon conviction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution.

Approved February 28, 1883.

No. 806,705  
PENSION CERTIFICATE OF

Francis Bertrand,

Payable Quarterly  
by the  
U. S. Pension Agent  
at Disbursing Clerk, Bureau of Pensions  
Former agency Milwaukee

LAW DIVISION  
MAY 17 1920  
RECEIVED

Handy.  
Clerk.

PENSION  
D  
MAY 17 1920  
OFFICE S.



ABANDONED

1-812

# REIMBURSEMENT.

Certificate No.

Pensioner

Class

Date of Death

Claimant

Post Office

806,705

Francis Bertrand

Invalid

Apr. 13, 1920

Mrs. Leslie Carey

Box #5  
Lumpenburg

Miss

Received

MAY 17 1920

, 191

May 26/20. Cont Est.

Bill from undertaker

Jan. 24, 1924. Ernest A. Chavensburgh

at 1800 per copy. 8213



Group 1 TO BE SECURELY ATTACHED TO THE PENSION CERTIFICATE. ROR.

Inv. Ctf. 806705 DEPARTMENT OF THE INTERIOR,  
Bureau of Pensions,  
Washington, D. C. a

Soldier Francis Bertrand

Pursuant to the Act of Congress approved by the President June 10, 1918, amending the Act of May 11, 1912, the pension in the above-described case is increased to \$ 32 per month, commencing June 10, 1918.

*G. M. Saeggeby*

Commissioner of Pensions.



*Reuben K. Lane*

Secretary of the Interior.







Act of Feb. 6, 1907.

Cert. 806,705

Name, Francis Bertrand

Application filed June 11, 1900,

Service, N. B. W. Inf.



(3-217.)

INCREASE.

Claim to

No. 806, 705

Frank Bertrand

P. O., Tonet

County, Kewanee

State, Wis.

Application filed, May 3<sup>d</sup>, 1897

State Service, No. 34<sup>th</sup> Wis Sup

Sept 29<sup>th</sup> 1899 H.G. returned  
claim marriage circular  
letters to Noel claim for  
cont. of reclamation, W.S.A.  
Bd Ex at Green Bay, Wis. Notice  
to Atty King.

Disability,

Attorney, Geo. H. King

P. O., Kewanee

County, , State, Wis.

(Order — 100 M.)



3-1638.

INCREASE.

Cert. No. 806,705,  
Francis Bertrand,  
P. O., Kennan,  
County, Price,  
State, Wis.

Application filed June 28, 1904,  
Service, . . .

H. 34 Wis. Inf.

SEP 6 - 1904 att to Madison, Wis. P.  
and Atty Taber & Whitman Co. advised. J. H. B.

Attorney, Taber & Whitman Co.,  
P. O., City,  
County, , State,

(167-50,000.)

B

Y. H. B.



U. WESTERN B  
CL 5 904  
P DIVISION B



b7c  
176

8-1647.

~~Hartwell~~

Act of Feb. 6, 1907.

Cert. 806, 705

Name, Francis Bertrand  
Sennar  
Price Co., Wis.

Application filed Aug 29, 1908

Service, 16 34 Wis. Inf

Sept. 16, 1908,

Claimant for proof of  
birth. W. E. H. Ex,

Oct 10-109 Clert  
proof of date of birth.  
if not. Besta for answer.

EMJ

BB



RECEIVED  
SEP 9 1908  
WEST DIV.





Brandon  
Horton (3-217.)

INCREASE.

Claim to N. D.  
Ct. No. 806705  
Francis Bertrand  
P. O., Tonnet  
County, Newaune  
State, Wis.

Application filed, July 2, 1885  
State Service: H. 34 Wis. Inv.

July 21/93  
Ex. Green Bay Wis. Ct.  
Letters to Hoebecks &  
Noel as to origin & continuation.  
Letters to Jonet & Vandermied  
and Pri.

Hon. O. Sawyer and Ex. Dec 14/94 pp. 13.

Ct. for continuation,  
Disability Rheumatism

Attorney, Ct.  
P. O.,  
County, , State,



Sept. 29. 99. AG. returned.  
Clarin. marriage circular.  
Letters to Noel. or



Under Act of June 27, 1890.

(3-1639.)

INCREASE.

Cert. No. 806705-

Francis Bertrand

P. O., Kennan

County, Price

State, Wisc.

Application filed Dec. 23, 1905

Service,

H-34-Wisc. Inf.

Jan'y, 11-1906 Med. Div. etc.

JAN 12 1906

Ex Bd. Bruce, who attys

Jaber & Whitman Co notified E. S. to

June 9/06 Failure to

appear to claim ant. etc

July 31, 1906 Med Div

colls

Attorney, Jaber & Whitman Co

P. O., Washington

County, , State, D. C.

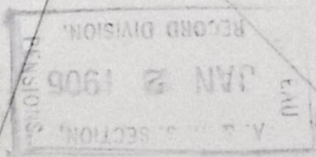
(181 100m.)

W. J.



AUG 6 - 1906

Bd Lady Smith Wis.  
notified Faber & Co  
CDH





Francis Bertrand,  
Succumbing to,  
Town of Red River.

Services nursing and  
constant attendance from  
Dec 9-1918 to Apr 13-1920  
16 months @ \$15<sup>00</sup> 240<sup>00</sup>

Desire Ealey









\$6.00

Received of

April 15 1920

Desire Erley

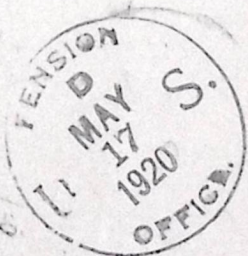
Six DOLLARS

for digging the grave

Felix Forre

119





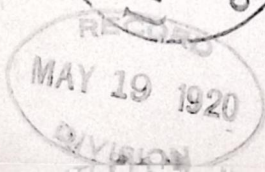
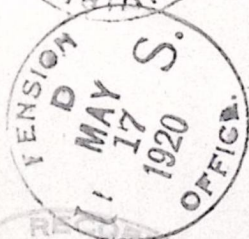


April 15<sup>th</sup> 1920

Received from Desire Herold  
Seven <sup>00</sup> Dollars

for funeral services of Mr Frank Besten <sup>100</sup>  
\$ 7.00 M. J. Smith







Case

Change to examine  
for appropriate ac-  
tion and answer  
to letter.

A. G. R.



S.C 806705

enc  
Jx 1/10

July 24, 1924

Manager District #8,  
U. S. Veterans' Bureau,  
111 North Canal Street,  
Chicago, Illinois.

O-517  
Francis Bertrand  
Civil War Veteran  
LFB-joc

Your Ref: A-7-RE

Dear Sir:

Receipt is hereby acknowledged of the voucher in the amount of \$100 in favor of Desire Early of Luxemburg, Wisconsin, which was recently forwarded to this Bureau by your District, accompanied by evidence in support of the above mentioned burial claim. Please be advised that the voucher has been forwarded to the Finance Division for further consideration. Mr. Early should, therefore hear from same within a reasonable length of time. All communications relative to this claim should bear the above reference.

For the Director,

CHARLES E. MULHANN,  
Assistant Director in Charge of  
Claims and Insurance Service.



UNITED STATES VETERANS BUREAU

MEMORANDUM

From Chief, Claims Division  
To Chief, Accounting Division  
Subject François Bertrand, Civil War Vet.

02-11626

Date July 19, 1924.

O. 317 LFB/eas.

I hereby certify to the charge on the attached voucher in the amount of \$10.00 for a suit, as a proper charge for clothing.

H. H. Milks,  
Chief, Claims Division.



**PUBLIC VOUCHER FOR REIMBURSEMENT OF TRAVEL EXPENSES**

APPROPRIATION: .....

*The United States,*

To *Desire Early*, Dr.

OFFICIAL STATION: .....

*Luxemburg Wisconsin,*  
Address .....

(To which check will be sent)

*burial expenses*  
For reimbursement of travel expenses incurred in the discharge of official duty from  
*Apr. 13*, 192, to *Apr. 14*, 192, under written authorization  
from the ....., dated ....., 192, a copy  
(Title)  
of which is attached hereto and forms a part of this account, as per itemized  
schedule annexed hereto.

TOTAL .....

AMOUNT

*100.00*

DIFFERENCES

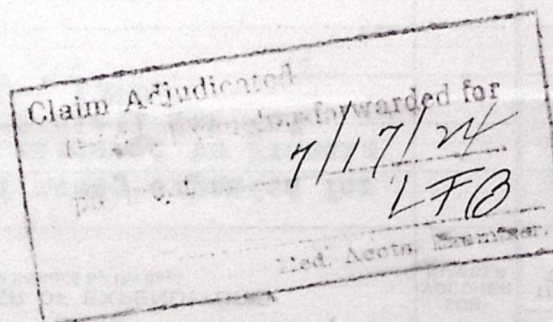
Payee must not use  
this column

EXAMINED BY

*sworn*

**MEMORANDUM VOUCHER**

*sworn to*



Paid by ....., Disbursing Clerk,  
(Name)

U. S. Veterans Bureau, ....., by check on the  
(Station)

Treasurer of the United States in favor of the payee named above; No. .... dated .....



# GENERAL INSTRUCTIONS

1. This form of voucher will be used in accounting for actual necessary expenses of travel. Where an account is too large to be stated on this form use continuation sheets, and fasten them together in the upper left-hand corner. Fill in the form on the back of this voucher, showing how transportation requests were used. Accounts must embrace each and every item of expenditure pertaining to the period for which the account is rendered.

2. Each account must be sworn to by the person rendering it, in the form of oath prescribed on the face of this form. Officers and employees traveling upon official business of the Bureau, other than those receiving a per diem allowance, or mileage, in lieu of subsistence or actual expenses, under express provisions of law, are expected to travel as though on their personal business, and will be allowed their actual travel expenses, usual and essential to the ordinary comfort of travelers, as explained and embraced in the Travel Regulations of this Bureau as published in General Order No. 18. The provisions of this Order must be strictly observed in order to avoid suspensions and disallowances in the settlement of accounts. Copies of the Order will be furnished upon application.

## ITEMIZED SCHEDULE OF TRAVEL EXPENSES, AND OTHER EXPENSES INCURRED UNDER STRESS OF URGENT OR UNFORESEEN PUBLIC NECESSITY

DATE 1920	CHARACTER OF EXPENDITURE (To be itemized by the day)	SUB- VOUCHER NUMBER	AMOUNT		DIFFERENCES (This column not to be used by payee)
			TRANSPORTATION ITEMS ONLY (1)	ITEMS OTHER THAN TRANSPORTATION (2)	
	Reimbursement of money expended for burial services rendered to Francis Bertrand deceased Civil War Vet. who died April 13, 1920.				
Apr. 13	Casket		90.00		
	Embalming		15.00		
	Suit		10.00		
	Hearse		15.00		
	Box		13.00		
			143.00		
	Govt allow		100.00	100.00	
	Form 536, Death certificate, copy of discharge attached.				



2-11593

jjl

6-6-24

TOTAL

\$100.00

" of Column 1

" of Column 2

100.00

TOTAL

100.00



Keep on outside of case until final action is taken

# CLEARANCE SECTION

ABANDONED

Invalid

Widow

Orig.

Ctf.

806 703

Name

Bertrand

## PENDING

CHECK

Act May 11, 1912

Act April 19, 1908

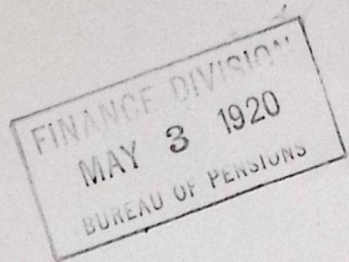
General Laws

Other Acts

In case of error, bring papers to Clearance Desk.

REIMBURSEMENT





Ham, m.

Luxemburg Wis

April 28 1920

The Commissioner of Pensions  
Washington D.C.

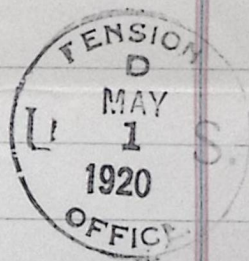
Dear Sir.

Will you please send me  
the Form or blank is for the  
reimbursement for expenses of last  
sickness and burial of  
Francis Bertrand deceased.  
Certificate No. 806,705

Yours Truly.

Mr Desire Erley.

R. F. D. No. 5 Luxemburg Wis.





State of Wisconsin }  
County of Kewaunee } SS.

I, MARTHA C. SCHAUER, Deputy Register of Deeds, in and for  
said County and State, do hereby certify that the within is a true and correct copy of **DEATH**  
of FRANK BERTRAND, as recorded in this  
office in Volume 5 of Deaths at page 434

IN WITNESS WHEREOF, I have hereunto set my hand and  
official seal at the Court House in the City of Kewaunee, this

15th day of March A. D., 1924.

A.G. SCHAUER

Register of Deeds

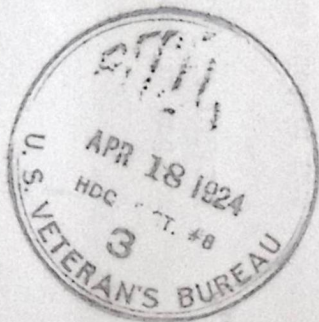
By

Martha C. Schauer  
Deputy Register



APR 19 1924







April 24, 1934.

A7- RK

Desire Early,  
RFD #5,  
Luxemburg, Wis.

Dear Sir:

In order that reimbursement of money expended for funeral services rendered to Francis Bertrand, may be given consideration, it will be necessary for you to submit a fully itemized and if paid properly receipted bill, showing for whom services were rendered, nature of services and fee charged for each. Bill should also be receipted showing the name of the person who has paid same.

In support of this bill, it will be necessary for you to fill in the attached form 536 and submit a copy of deceased's military discharge.

When the above has been accomplished, forward all papers to this office for the attention of A7-EK.

By direction:

W. G. Elden,  
District Auditor,  
U. S. Veterans' Bureau.



Bruce Wisc

1880-67

Ladyman's 8/6/06



orig In No 531.314 Francis Berhand  
Co H 34' Wis. Inst

State of Wisconsin  
County of Brown

Eugene Cravathin being  
duly sworn says - I am 49 years of age  
and a farmer - I live in the Town of Lux-  
emburg Kewanee Co Wis and my P.O.  
address is Malham Kewanee Co Wis  
have lived there on the same farm for the last  
34 or 35 years - I am well acquainted with  
Francis Berhand above named - Berhand came  
to this County about 2 years after I did & I  
have been well acquainted with him ever since  
for 32 or 33 years - lived within half a mile of  
him during all the time - he was healthy &  
well until he was drafted - when he came  
back he was sick with - fever and ague and diarrhoea  
during all the time since he came back from the  
war - I have been in the habit of visiting him  
home frequently - almost always saw him on  
Sunday and often during the week -  
for five or six months he was confined to the  
home and entirely unable to work and  
although the weather was hot he complained  
of being cold - after that at times he had fever  
and ague - always in the Spring and from time  
to time had diarrhoea - and each year after  
the first six months he has been disabled by the  
fever and ague & diarrhoea from the performance  
of manual labor to at least the extent of one  
half - I have no interest in his claim for  
pension - I have often helped him with his

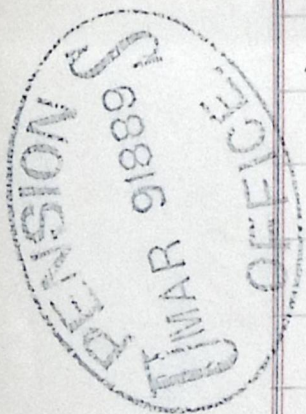
about age 40 years 60 years



work and my wife has made clothing  
for his children - his wife died about 4  
years ago left him with eight children -  
he is and always has been very poor  
he has only 40 acres and it is very poor land  
and the neighbors have always helped him  
Wm. Eugene <sup>his</sup> Leavell  
~~Charles E. Brunker~~  
D. H. Wignour

Subscribed sworn to before  
me this 18<sup>th</sup> day of October A.D. 1888 & I certify  
that affiant who made his mark in my  
presence is a reputable person entitled to credit -  
that the foregoing affidavit was carefully  
read & fully explained to him before swearing -  
that I have no intent doubt or misgiving in the  
presentation of this claim for pension &  
that a certificate of my authority as Justice  
of the peace is on file in the pension Bureau

D. H. Wignour  
Justice of the Peace  
Pro. Co. This.





U.S. Dep. No. 806705  
Francis Bertrand  
Co. H, 34 Reg't Wis. Inf.

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS,

WASHINGTON, D. C.

Return this letter with your reply.

July 21, 1893.

Sir:

To further aid this Bureau in determining the merits of the above entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

Eugene Crovillier,  
Walhain,  
Wis.

W. Lochron

Commissioner.

When did you first see claimant after he returned from the army, and how do you fix the date?

Answer:

About the last part of August 1869.

Of what disability did he complain, and how was he affected?

Answer:

Acute Fever

How frequently have you seen him since your first acquaintance?

Answer:

Every day

If he has continued to suffer with such disability, please describe the symptoms which were apparent to you, and state to what extent he has been disabled for manual labor thereby during each year?

Answer:

The named Frank Bertrand is unable to do any manual labor on account of being continually attacked with the ague

My means of knowing the facts of the case are these:

That I am his next of kin neighbor so I see him every day

COMMISSIONER OF PENSIONS,  
Washington, D. C.

Very respectfully,

Eugene Crovillier  
mark



This is to certify that Eugene Lavillone  
is unable to write, so he employed his  
neighbor Joseph Petitjean



Orig. No. W 531314 Francis Bertrand  
Co H 34 Wis Inf.

State of Wisconsin  
County of Brown

Felix Marselle being duly  
sworn says - I am 45 years of age - am a Farmer - I live  
in the Town of Luxemburg Kewaunee Co Wis.  
My P.O. is Walhain Kewaunee Co. Wis.  
I have lived there for 32 years - I am well acquainted  
with Francis Bertrand above named - have been  
well acquainted with him for the last 32 years.  
until about 20 years ago I lived about two miles  
from him but was one of his nearest neighbors -  
for the last 20 years I have lived within one mile  
from him. during all the time I was acquainted  
with him except while he was in the army -  
I saw him almost every Sunday and frequently  
during the week - he was well and healthy before  
he was drafted. I saw him when he came back  
he was sick for I think 5 or 6 months -  
he had fever and ague and chronic diarrhoea -  
he could not do any work then - after that he could  
work some - he is still troubled with diarrhoea every  
few weeks - and has the fever and ague every  
Spring - I believe he has been disabled during each  
year since he came back to at least the extent  
of one half for the performance of manual labor -  
I have many a time helped him with his work  
and the other neighbors have - he has only 40  
acres of land, & it is poor - he has eight children,  
his wife died 4 years ago - he has been helped  
by neighbors and by the Town all the time -

Correct, Ague & Diarrhoea

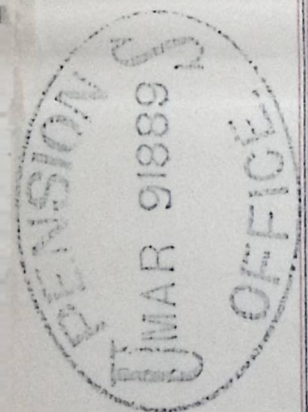


I know that Dr. Charles Janin treated him frequently until he died. He also came to Green Bay when he was under the care of Dr H.A. Coan who is also dead.

I have no intent in this claim  
Witness Felix <sup>his</sup> Marselle  
Charles L. Bunker  
D. H. Brignon  
mark

Subscribed sworn to before me this 18 day of October A.D. 1888 & I certify that affiant - who made his mark here in my presence is a reputable person and entitled to credit - that the foregoing affidavit was carefully read & fully explained to him before signing - that I have no intent direct or indirect in the presentation of this claim & a certificate of my authority as Justice of the Peace is on file in the Pension Bureau -

D. H. Brignon  
Justice of the Peace  
B.H. Co. Ho.





W.B.A.

(3-061.)

CALL No. 10.

West

Division.

# Department of the Interior,

BUREAU OF PENSIONS,

APR 6 1897  
1897.

Respectfully requested of the ADJUTANT  
GENERAL U. S. A. a report from the records of his  
Office as to the presence or absence, on or about  
May to Sept, 1863,  
Sergeant Louis Boebrechts  
and Pri. Victor Maeb

Co. H. 34<sup>th</sup> Wis. Inf.

and the station, at that date, of the said  
command

Orig. Inw

Claim No. 58314

Francis Bertrand  
Pri. H. 34<sup>th</sup> Wis. Inf.

Green Braun

Commissioner.

Address "The Officer in charge of the Record and Pension Division,  
War Department, Washington, D. C."

## War Department,

Record and Pension Division,

Washington, APR 9 1892, 18

Respectfully returned to the

Commissioner of Pensions.

The rolls show that

Louis Boebrechts and  
Victor Maeb

mentioned in the preceding endorsement ~~was~~ present  
during the period named in that endorsement ~~except~~  
as follows:

M.O. with Co. Sept. 8. 63

During the period named the station of the company  
and regiment was as follows:

Apr. 30. 63 Fort Waller Columbus Ky.  
June 30. 63 near Memphis Tenn.  
Sept. 8. 63 Milwaukee Wis.

BY AUTHORITY OF THE SECRETARY OF WAR :

Deaumont

Major and Surgeon, U. S. Army.

Per M.

(323)



W. E. A.

(3-061.)

CALL No. 10.

Division.

## Department of the Interior,

BUREAU OF PENSIONS,

Nov. 5, 1891.

Respectfully requested of the ADJUTANT  
GENERAL U. S. A. a report from the records of his

Office as to the presence or absence, on or about

Jan'y to Sept., 1863,

of 2d Lt Leonard La Plante  
and 1st Surg. Theodore Koppf

of 34th Wis. Inf.

and the station, at that date, of the said  
command

Orig. Inq.

Claim No. 531,314.

Francis Bertrand  
co. "H" 34th Wis. Inf.

Geo B. Ransom

Commissioner.

Address "The Officer in charge of the Record and Pension Division,  
War Department, Washington, D. C."

War Department,

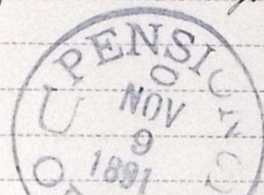
Record and Pension Division,

Washington, NOV 7 1891, 18

Respectfully returned to the

Commissioner of Pensions.

The rolls show that

Leonard La Plante  
and  
Theodore Koppfmentioned in the preceding endorsement represent  
during the period named in that endorsement except  
as follows:Both M. O. with  
organization Sept.  
8, 1863.During the period named the station of the company  
and regiment was as follows: Jan 1/63Co. Washburn, Wis.  
Apr 30 Columbus Ky.  
June 30 Memphis Tenn.  
Sept 8/63 Milwaukee Wis.

BY AUTHORITY OF THE SECRETARY OF WAR:

J. C. Ainsworth  
Major and Surgeon, U. S. Army.

Per

S.

(320)



3-489.



West, Div.

West, Ex'r.

W.D. C. No. 806, 705.  
Francis Bertrand,  
Co. "H," 34 Regt. Wis. Inf.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Sept 29, 1899,

SIR:

To aid this Bureau in the adjudication of the above-entitled claim for pension, please furnish a statement in your own handwriting setting forth all the facts within your personal knowledge relative to the incurrence of any wound, injury, or disease, by Francis Bertrand, while in the service to which you have testified.

In your reply please be as specific as possible in respect to dates, and describe, as clearly as you can, the nature, symptoms, and extent of the disability.

Kindly answer upon the reverse of this letter and return the same in the inclosed envelope, which requires no postage.

Very respectfully,

J. L. Davenport

Acting Commissioner.

Mr. Victor Noel,  
Green Bay,  
Wis.

Victor Noel

NOTE.—If you are unable to write, it is suggested that you request some competent person to aid you in replying to this circular, your signature to be witnessed by the Postmaster or some other United States official, who should certify that the contents were fully made known to you before signing.



Post-office address:

Green Bay, Wis.

November 4<sup>th</sup>, 1899

SIR:

In reply to your request I have to state that He was confined in the regimental hospital at Memphis Tennessee in July 1862 with Malarial fever, & diarrhoea, followed by Rheumatism about August 10<sup>th</sup> or 15<sup>th</sup> 1862. The aforesaid disabilities, namely Rheumatism, & diarrhoea - (which are now chronic) have grown worse year after year.

Very respectfully,

Victor Joel

COMMISSIONER OF PENSIONS,

Washington, D. C.



3-056.

West, Div.



West, Ex'r.

U.S. Off. No. 806,705, Department of the Interior,  
Francis Bertrand, BUREAU OF PENSIONS,  
Co. H, 34<sup>th</sup> Regt. Wis. Inf.  
Washington, D. C., Sept. 29, 1894

Sir:

To further aid this Bureau in determining the merits of the above-entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

Mr. Victor Noel,  
Green Bay,  
Wis.

J. L. Sargent  
Acting Commissioner.

When did you first see the soldier after he returned from the army, and how do you fix the date?

Answer: We came home together in Sept. 1863

Of what disability did he then complain, and how was he affected?

Answer: Diarrhoea and Rheumatism

Did he continue to suffer from said disability? If so, please state how frequently you saw him, what symptoms you observed, and the extent to which he was disabled for the performance of manual labor during each year.

Answer: Yes, - Bring neighbors saw him most every day - Lame from rheumatism, walking with a stick (or cane) + diarrhoea - getting worse every year - over one half disabled

Very respectfully,

The COMMISSIONER OF PENSIONS.

Victor Noel

NOTE.—If the witness is unable to write, it is suggested that he request some competent person to aid him in replying to this circular; his mark to be attested by the postmaster or some other United States official, who should certify that the contents of the paper were fully made known to the witness before his mark was placed thereon.



mu.  
806705  
Milwaukee

3-357.

Ext. No. 806705

ACT JUNE 27, 1890.

Increase INVALID PENSION.

Claimant, Francis Bertrand  
P. O. Kennan Rank Private  
County Price Company H  
State Wisconsin Regiments 34<sup>th</sup> Wisconsin Vol. Inf.  
Rate, \$ 12 per month, commencing September 5, 1906

Pensioned for total inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name Taber and Whitman Co. Fee, \$ 2  
P. O. Washington, D. C. Agent to pay.

APPROVALS.

Submitted for Oct 13, 1906 E. J. Gelschell, Examiner.

Approved for Disease of Rectum and  
Senile Debility (old)

Approved for Rheumatism, disease of  
stomach and senile debility

Rheumatism, Chronic Diarrhea,  
and Malarial poisoning (New)  
alleged Dec 23, 1905.

Aggregate of disabilities shown, permanent in character: \$ 12  
from September 5, 1906

Atrophy of muscles of arm & legs,  
and Disease of Stomach -  
(Order 71)

\_\_\_\_\_, 190\_\_\_\_, Legal Reviewer.  
Oct 13 1906, 190\_\_\_\_, J. D. Little, Reviewer.

Bennet, Medical Examiner.  
Oct. 14, 1906, J. D. Little, Medical Referee.

Enlisted Nov 24<sup>th</sup>, 1862, honorably discharged Sept 8<sup>th</sup>, 1863  
Enlisted \_\_\_\_\_, 186\_\_\_\_; honorably discharged \_\_\_\_\_, 186\_\_\_\_

Pensioned at \$ 10 per month. Last paid to \_\_\_\_\_  
disease of rectum and Senile debility

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed Dec 23, 1905, alleges increase of de-  
bility from pensioned causes - also  
rheumatism, chronic diarrhoea, malar-  
ial poisoning

Claimant does not write.  
Certificate not filed.

W. E. Brown, M. C.  
66 ad.



# DECLARATION FOR INCREASE OF AN INVALID PENSION.

Acts of June 27, 1890, and May 9, 1900.

State of Wisconsin }  
County of Price } ss :

On this 20<sup>th</sup> day of December, A. D. one thousand nine hundred and

five, personally appeared before me, Chas. J. Pader

a Notary Public within and for the County and State aforesaid

Francis Bertrand, aged 66 years, a resident of

Kennan, County of Price, State of

Wisconsin, who being duly sworn according to law, declares that he is a

pensioner of the United States under the Act of Congress approved June 27, 1890, by Certificate number

806705, and duly enrolled at the Milwaukee Pension

Agency, at the rate of ten dollars per month, having served in

the military service of the United States

(State whether military or naval)

Co H 34 Wis. Vols

(State company and regiment, or other organization, if in the Army; and rank and vessel, if in the Navy.)

and was HONORABLY DISCHARGED, after a service of at least 90 days during the War of the Rebellion; that his present physical condition is such that he believes himself entitled to receive an increased rate under the provisions of the Act of June 27, 1890, and under Act of May 9, 1900; ~~he having attained the~~ age of ~~years~~ and now suffers from rheumatism, chronic

diarrhoea and a resulting disease of rectum,

(Here state the name or nature of each disability with which you are afflicted.)

and malarial poisoning.

That he is wholly disabled for the per-  
formance of manual labor

all of which are permanent in character, and not due to vicious habits.

He hereby appoints with full power of substitution and revocation,

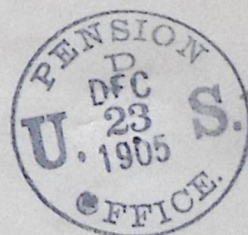
**Taber & Whitman Co.,**

of Washington, D. C., his true and lawful Attorneys, to prosecute his claim.

That his Postoffice address is Kennan, County of Price

State of Wisconsin

Francis Bertrand  
his  
Signature of claimant.





Also personally appeared Matthew Smustick Jr. residing at Hennan, Wis., and John Gilbert residing at Hennan, Wis., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Francis Bertrand the claimant Make his mark  
(Name of claimant.) (Sign his name or make his mark.)

to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Matthew Smustick Jr.  
John Gilbert  
(Signatures of witnesses to identity of applicant.)

Two witnesses to signatures of identifying witnesses sign here, when either of them signs by mark

(1) \_\_\_\_\_

(2) \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this 20<sup>th</sup> day of December

A. D., 1905, and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses, before swearing thereto, including the words \_\_\_\_\_  
(If any words have been erased in the application, enter them here.)

\_\_\_\_\_ erased, and the words \_\_\_\_\_  
(If any words have been added in place of any erased, enter them here.)

added; and that I have no interest, direct or indirect, in this claim, and am not concerned in its prosecution.

Chas. T. Bader  
(Signature of magistrate.)

(Official character.)

[L. S.]

The officer before whom this declaration is executed must be sure and note in his certificate all erasures and interlineations as indicated above.

Declaration and  
power of attorney valid  
S. A. Cuddy,  
Chief, Law Division  
per W. L. B. 12/27  
My commission expires February 10th, 1907

Certificate No. 806705

File.

INVALID.

Claim for Additional Pension.

ACTS OF

June 27, 1890, and May 9, 1900.

Francis Bertrand, Applicant

26 Regt

Wise J. Vols.

Enlisted 18

Discharged 18

FILED BY

TABER & WHITMAN CO.,

ATTORNEYS.

Lock Box 2425. WASHINGTON, D. C.

DEC 27 1905  
DIVISION



can  
806705  
Milwaukee  
Additional

3-356.  
Inns Bros  
Act of June 27, 1890.

INVALID PENSION.

Cert. 806705

Claimant, Francis Bertrand

P. O., Kinnan

County, Price

State, Wisconsin

Rate, \$10 per month, commencing April 21, 1904

Rank, Private

Company, H

Regiment, 34 Wis. Vol. Infy.

Pensioned for partial inability to earn a support by manual labor.

RECOGNIZED ATTORNEY.

Name, J. E. Whittman Co.

P. O., Washington D. C.

Fee, \$10

Agent to pay.

APPROVALS.

Submitted for Adj. Nov. 18, 1904, E. A. Duncan, Examiner.

Approved for rheumatism & injury  
& chronic diarrhoea and resulting  
disuse of rectum & anal sphincter  
Deduct sub. payments. gen. char. &  
drop thereunder.

Approved for Disease &  
Action - and Service  
ability

Aggregate of disabilities shown, permanent in character: \$10.

Nov. 25, 1904, J. E. Whittman, Legal Reviewer.  
Dec. 5, 1904, A. A. Grandbury, Re-Reviewer.  
Nov. 29, 1904, A. A. Grandbury, Re-Reviewer.  
Dec. 6, 1904, A. A. Grandbury, Re-Reviewer.

Dec. 1, 1904, J. E. Whittman, Medical Examiner.  
Dec. 1, 1904, J. E. Whittman, Medical Reviewer.  
Dec. 1, 1904, J. E. Whittman, Medical Referee.

NoXpensioned under other laws at \$8. per month for ind. discharge, dis. of rectum & anal  
sphincter.

Enlisted Nov. 24, 1862, and honorably discharged Sept. 8, 1863.

Reenlisted, 18, honorably discharged, 18.

Declaration filed April 21, 1904, alleges permanent disability, not due to  
vicious habits, from rheumatism Oct. May 9, 1902 & ag.

Xc, M. C.

Claimant does not write.



DECLARATION FOR INCREASE OF AN INVALID PENSION.

Acts of June 27, 1890, and May 9, 1900, and order of Commissioner of Pensions promulgated March 16, 1904.

State of Wisconsin  
County of Pierce } ss:

On this 16<sup>th</sup> day of April, A. D. one thousand nine hundred and

four, personally appeared before me, Chas. J. Bader  
a Notary Public within and for the County and State aforesaid,

Francis Bertrand, aged, 67 years, a resident of  
Kennan, County of Pierce, State of  
Wisconsin, who being duly sworn according to law, declares that he is a

pensioner of the United States under the Act of Congress approved June 27, 1890, by Certificate number  
806705, and duly enrolled at the Milwaukee, Wis. Pension  
Agency, at the rate of Eight dollars per month, having served in  
the military service of the United States a Private  
(State whether military or naval.)

Co. A. 34<sup>th</sup> Reg. Wis. Vol.

(State company and regiment, or other organization, if in the Army; and rank and vessel, if in the Navy)

and was HONORABLY DISCHARGED, after a service of at least 90 days during the War of the Rebellion; that  
his present physical condition is such that he believes himself entitled to receive an increased rate under  
the provisions of the Act of June 27, 1890, and under Act of May 9, 1900; and the order above referred to  
he having attained the age of 67 years and now suffers from Rheumatism

(Here state the name or nature of each disability with which you are afflicted.)

all of which are permanent in character, and not due to vicious habits.

He hereby appoints with full power of substitution and revocation,

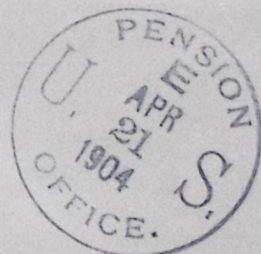
**Taber & Whitman Co.,**

of Washington, D. C., his true and lawful Attorneys, to prosecute his claim.

That his Postoffice address is Kennan, County of Pierce

State of Wisconsin

Francis Bertrand  
his  
Signature of claimant.  
Mark



ATTY FILED



Also personally appeared Ed. Hewitt, residing at Georgetown, Wis., and John Gilbert, residing at Kennan, Wis., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Francis Bertrand, the claimant, make his mark  
(Name of claimant,) (Sign his name or make his mark.)

to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Ed Hewitt  
John Gilbert  
Signatures of witnesses to identity of applicant.

Two witnesses to signatures of identifying witnesses sign here, when either of them signs by mark.

(1) \_\_\_\_\_

(2) \_\_\_\_\_

**SWORN TO AND SUBSCRIBED** before me this 16<sup>th</sup> day of April  
A. D. 1904 and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses, before swearing thereto, including the words \_\_\_\_\_  
(If any words have been erased in the application, enter them here.)

[I: S.] \_\_\_\_\_ erased, and the words \_\_\_\_\_  
(If any words have been added in place of any erased, enter them here )  
added; and that I have no interest, direct or indirect, in the prosecution of this claim, and am not concerned in its prosecution.

Chas. G. Bader  
(Signature of magistrate)

Notary Public  
Official character.

The officer before whom this declaration is executed must be sure and note in his certificate all erasures and interlineations as indicated above.

Certificate No. 806705

File

0  
**INVALID.**

**Claim for Additional Pension.**

ACTS OF

June 27, 1890, and May 9, 1900.  
and Order of March 16, 1904.

Francis Bertrand Applicant

Co. 26 34 Reg't.

Vo

RECEIVED  
APR 25 1904  
DIVISION

Enlisted.

Discharged

FILED BY

**Taber & Whitman Co.,**

Attorney  
LOC. BOX 425 G. WASHINGTON, D. C.



707M

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.  
Act July 14, 1862.

State of Wisconsin } ss:  
County of Price

On this 25th day of June A. D. one thousand nine hundred  
and four personally appeared before me Chas. J. Bates

a Notary Public within and for the County and State aforesaid  
Francis Bertrand aged 67 years, a resident of  
Kennan, County of Price State of  
Wisconsin, who, being duly sworn according to law, declares that he

is a pensioner of the United States, duly enrolled at the Milwaukee Pension  
Agency, at the rate of eight dollars per month, by certificate  
No. 806705, for disability due to Chronic diarrhoea and  
resulting disease of rectum and material  
poisoning.  
(State the disability just as it is written in your pension certificate.)

incurred in the service of the United States while serving as a  
Co. H 34 Wis. Inf  
(Give rank company and regiment, or other organization  
if in the army; and rank and vessel, if in the Navy.)

and he believes himself entitled to an increase of pension upon the ground that his present rating is  
incommensurate with the degree of incapacity resultant from the disabilities named in his Pension  
Certificate, and that there has been a material increase of disability since his last medical examination by

U. S. Examining Surgeons

He hereby appoints with full power of substitution and revocation,

**Taber & Whitman Co.,**

of Washington, D. C., his true and lawful Attorneys, to prosecute his claim.

That his Postoffice address is Kennan Price Co. Wis.  
(Give Town, County and State.)

Francis Bertrand  
(Signature of claimant.)

Also personally appeared John J. Bader, residing at  
Kennan, Wis., and John Gilbert, residing at  
Kennan, Wis., persons whom I certify to be respectable and entitled to credit,

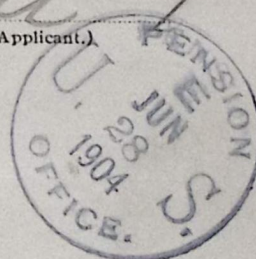
and who, being by me duly sworn, say they were present and saw Francis Bertrand,  
the claimant, sign his name, (or make his mark) to the foregoing declaration; that they have every reason  
to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical  
person he represents himself to be; and that they have no interest in the prosecution of this claim.

John J. Bader  
John Gilbert  
(Signatures of witnesses to identity of Applicant.)

Two attesting witnesses to signatures by X mark:

- (1) \_\_\_\_\_  
(2) \_\_\_\_\_

ATTY FILED





SWORN TO AND SUBSCRIBED before this 24<sup>th</sup> day of June  
A. D. 1907, and I hereby certify that the contents of the above declaration, &c.,  
were fully made known and explained to the applicant and witnesses, before  
swearing, including the words \_\_\_\_\_  
(If any words have been erased in the application, enter

them here.)

\_\_\_\_\_, erased and the words

\_\_\_\_\_  
(If any words have been added in place of any erased, enter them here.)

\_\_\_\_\_, added;

and that I have no interest, direct or indirect, in the prosecution of this claim.

Charles G. Bader  
(Signature.)

Notary Public  
(Official character.)

My commission expires February 10th, 1907

Applications for *Increased* pension may be acknowledged before a Justice of the Peace, Notary Public, or any officer having authority to administer oaths for general purposes.

INVALID.

CLAIM FOR PENSION

INCREASE.

Act of July 14, 1862.

Francis Certman  
Applicant

Co., H 34 Reg't

Wise Inf Vols.

No. of Pension Certificate 806705

0-6  
7-8  
0-7



Taber & Whitman Co.,

Attorneys,

LOCK BOX 425-G, WASHINGTON, D. C.

80  
1864  
DIVISION  
J. H. W.



Two briefs

3-355.

ificate No. 806,705

Increase

# INVALID PENSION.

Claimant, Francis Bertrand

P. O. Kennan

County, Price

State, Wisconsin

Rank, Private

Company, H

Regiment, 34. Wis. Vol. Inf.

Rate, \$ \_\_\_\_\_ per month, commencing \_\_\_\_\_

**REJECTED**

Pensioned for \_\_\_\_\_

IAN 1905

## RECOGNIZED ATTORNEY.

Name, Jacob E. Whitman Co.

P. O., \_\_\_\_\_ City, \_\_\_\_\_

Fee, \$ 25; Agent to pay.

Articles filed \_\_\_\_\_, 1 \_\_\_\_\_

## APPROVALS.

Submitted for Nov. 18, 1904, E. A. Duncan, Examiner.

Approved for Chronic diarrhoea and re-  
sulting disease of rectum & malarial  
poisoning

Approved for Chronic diarrhoea  
and resulting disease of  
rectum, and malarial  
poisoning.  
8/18 - no increase.

Nov. 25 1904, J. S. Langham

Legal Reviewer.

, 1904

Re-Reviewer.

W. L. Leman

Medical Examiner.

Dec 11 <sup>25</sup>

, 1904

Medical Reviewer.

Medical Referee.

Enlisted Nov. 24, 1862 Discharged Sept. 8, 1863 Last paid to \_\_\_\_\_, 1 \_\_\_\_\_

Pensioned at \$ 8 per month for ch. diarrhoea & dis. of rectum & malarial poisoning

## PRESENT CLAIM.

Declaration filed June 28, 1904, increase ch. diarrhoea & dis. of rectum & malarial poisoning

Claimant does not write.



## INVALID PENSION.

Claimant,

Francis Bertrand,

Ct. 806,705.

P.O.,

Fonet.

Rank,

Private

County,

Kewaukee.

Company,

H.

State,

Wisconsin.

Regiment,

34<sup>th</sup> Wisconsin Vol. Inf.

Rate, \$

8.

per month, commencing

October 18, 1899.

Disabled by

Chronic diarrhoea <sup>malarial poisoning</sup> and res. dis. of rectum <sup>ma</sup>

## RECOGNIZED ATTORNEY:

Name,

George W. Wnigs

Fee \$

2.

, Agent

to pay.

P.O.,

Kewaukee, Wis.

Articles filed

, 18

## APPROVALS:

Submitted for

Ad. May 19, 1900.

Approved for

Chronic diarrhoea and resulting disease of rectum, and malarial poisoning.

Approved for

Wm. C. Horton, Examiner.  
Chronic diarrhea and resulting disease of rectum and malarial poisoning from October 8, 1899.

May 24, 1900,

Pearson, Legal Reviewer.

Enlisted

November 24, 1862.

Discharged

September 8, 1863.

Last paid to

, at \$

6

Pensioned from

Feb'y 2

, 18 85,

at \$

14. <sup>41</sup>86, from Mar. 19, 1890. for chronic diarrhoea and res. disease of rectum and malarial poisoning

Original declaration filed

, 18

; alleged

Arrears allowed from

, 18

, to

, 18

, at \$

## PRESENT CLAIM.

Declaration filed

May 3

, 1897.

Inc. on pensioned cause also shown ~~malaria previously alleged in declaration filed Feb'y 2, 1885, but not explained as of service origin.~~

Claim now to.



## ORIGINAL INVALID CLAIM.

Soldier,

P. O.,

County,

State,

Rates, \$

Rank,

Company,

Regiment,

per month, commencing

and \$6 from March 19 1890

Pensioned for

Name,

P. O.,

NO RECOGNIZED ATTORNEY.

Fee, \$- , Agent to pay.

Articles filed , 18

## APPROVALS.

Approved for

Submitted

chronic diarrhoea & results  
for ab July 7, 1892;

Examiner.

Approved for

Pensioned for

chronic diarrhoea and  
malarial poisoning

Approved for

Pensioned for

chronic diarrhoea and  
resulting disease of rectum, and  
malarial poisoning 4/18 to  
March 19 1890 and 6/18 thereafter

Ruling 97

Aug 4, '92

, 189

Jewell

Legal Reviewer.

Re-Reviewer.

Abel A., Med. Ex'r,

Aug 17, 1892,

J. E.

Med. Reviewer,

Med. Referee.

## IMPORTANT DATES.

Enlisted,

Mustered

Discharged

Declaration filed

, 1862

, 18

, 1863

, 1886

service from

, 18

, 18

Not in service since

Sept 8

see seal

, 1863

## BASIS OF CLAIM.

claimant alleges that at Memphis Tenn. in July 1862 he contracted chronic diarrhoea and was sick until discharged and until he got home and up to Jan'y 1864, and since that time he has been afflicted with rheumatism and fever and ague.



## ORIGINAL INVALID CLAIM.

Soldier, *Francis Bertrand*  
 P. O., *Robinson* Rank, *Private*  
 County, *Brown* Company, *36-*  
 State, *Wis* Regiment, *34th Wis. Vol. Infy*  
 Rates, \$ *per month, commencing*

REJECTED  
 MAY 10 1888

Pensioned for

## RECOGNIZED ATTORNEY.

Name, *Shurt* Fee, \$ *above*, Agent *above* to pay.  
 P. O., *above* Articles filed *above*, 18 *above*

## APPROVALS.

Approved for *ref.*  
 Submitted *April 16*, 18*88*; *M. S. Robt.*, Examiner.

Approved for

Approved for

*Refused on the ground of  
 Claimants failure after a reason-  
 able time, and due notification, to  
 furnish the necessary evidence to  
 establish the claim.*

*M. S. Robt.*, Legal Reviewer, *April 18, 1888*, Re-Reviewer, *April 18, 1888*, Med. Ex'r, *Sept. 8*, Med. Reviewer, *Sept. 8*, Med. Referee, *Sept. 8*

## IMPORTANT DATES.

*Enlisted*, *Nov. 24*, 18*62*, service from *Sept. 8*, 18*63*, to *Sept. 8*, 18*66*, in  
 Mustered *Sept. 8*, 18*63*, Discharged *Sept. 8*, 18*66*, Declaration filed *July 2*, 18*86*, Not in service since *Sept. 8*, 18*66*.

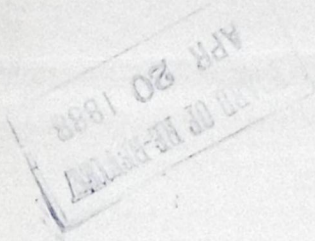
## BASIS OF CLAIM.

*Low and ague, and chronic diarrhoea, Memphis, Tenn. July 63*



# HISTORY OF ATTORNEYSHIPS.

1st appointment.....	, 18	,	Name and P. O. ....
By.....			Recognized, or why not ..
2d appointment.....	, 18	,	Name and P. O. ....
By.....			Recognized, or why not ..
3d appointment.....	, 18	,	Name and P. O. ....
By.....			Recognized, or why not ..





*Original*

Certificate No.

ACT OF FEBRUARY 6, 1907.

*Claimant*

P. 68

County,

State,

Rate, \$ 12 per month, commencing

Rank.

Company.

Regiment

STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name \_\_\_\_\_

P. O.,

APPROVAL.

Submitted for

Approved for

Examiner

Re-Reviewer.

Enlisted

Enlisted

Enlisted

Pensioned at \$

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed

Date of birth alleged

Age shown by evidence

Claimant does not write.

6-810

M. C.



Feb 13 Milwaukee

✓ dml

ACT OF MAY 11, 1912.  
as amended by Act March 4-1913

Cert. No. 806,705-

Claimant, Francis Bertrand  
P. O., R. 4 Luxembourg Rank, Private  
County, Kenosha Service, 26, 34 Wis. Inf.  
State, Wisconsin

Rate, \$ 19 per month, commencing

June 8-1912

& \$ 22.50

commencing June 1, 1915

Approved for Increase  
\$ 32 from June 10, 1911  
\$ from 1913

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Rush Alexander

Name, \_\_\_\_\_ Fee, \$ \_\_\_\_\_; Agent to pay.

P. O., \_\_\_\_\_ Articles filed \_\_\_\_\_, 19

AUG 14 1918

APPROVAL.

Submitted for admission Feb 15, 1913, R. P. Chiles, Examiner.

Approved for admission Rate \$ 19 per month; age 72 years.

Reissue from Act February 6-1907

Date of birth June 1-1840

Length of pensionable service: 0 years, 9 months, 15 days.

Deductions in service from any cause: none years, \_\_\_\_\_ months, \_\_\_\_\_ days,

on account of \_\_\_\_\_

Mar 31, 1913, H. H. Fleming April 1, 1913, J. P. Curtis  
Legal Reviewer. Re-Reviewer.

Enlisted Nov. 24, 1862; honorably discharged Sept. 8, 1863.

Enlisted \_\_\_\_\_, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18

Enlisted \_\_\_\_\_, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18

Length of pensionable service: 0 years, 9 months, 15 days.

Pensioned at \$ 15 per month, under Act of Feb. 6, 1904

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed June 8, 1912.

Age shown by evidence 72 years; date of birth alleged June 1, 1840.

Claimant does not write.

CIVIL WAR



DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

WASHINGTON, D. C.

Dec. 23, 1919.

Art C. Bazler, Cashier,  
Bank of Luxemburg  
Luxemburg, Wis.

Sir:

Your enclosed letter does not contain sufficient information to enable this Bureau to determine the particular blank application desired.

Please furnish, by filling in the proper blank spaces, the information called for below, upon receipt of which the appropriate blank will be supplied if such action then appears to be warranted. Blank applications are not furnished in bulk.

Respectfully,

G. M. SALTZGABER,

Commissioner.

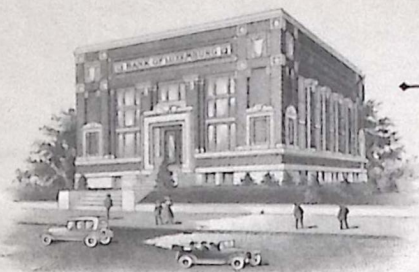


Pension certificate number 806705  
Law under which pensioned Act of Congress approved by the President, June 10, 1918, amending act of May 11, 1912.  
Name of pensioner (in full) Francis Bertrand  
Military or naval service (Co. 1 Reg.) Pop. Co. H 34 Reg. Wis. Inf.  
Date of enlistment Nov. 29th A. D. 1862.  
Date of discharge September 8th A. D. 1863.

State here grounds upon which it is proposed to base claim for increase: Being 82 yrs. old and continually sick in bed and in need regular of the services of a physician and is otherwise unable to take care of himself and for which his present pension of 32.00 per ann. is much too low.

PLEASE RETURN YOUR ENCLOSED COMMUNICATION.





LET US BE OF SERVICE TO YOU

ORGANIZED IN 190

## Bank of Luxemburg

CAPITAL \$50,000.00

*Ch. Albert Karel*  
OFFICERS & DIRECTORS  
L. ALBERT KAREL, PRES.  
CHAS. L. PETERS  
AUGUST SPITZER  
OLIVER DEBAUCH  
ART. C. BAZLEN, CASHIER  
CLEM RASS, TELLER

Luxemburg, Wis Dec 19-19

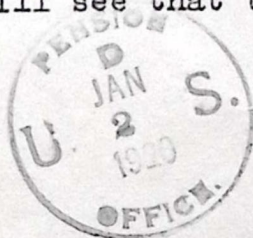
Department of the Interior,  
Bureau of Pensions  
Washington D.C.  
Gentlemen:-

We are in receipt of your letter of the 13th regarding the G.A.R. veteran who has been ill for sometime and the pension he is receiving is 'nt sufficient to take care of him and that is the only means he has.

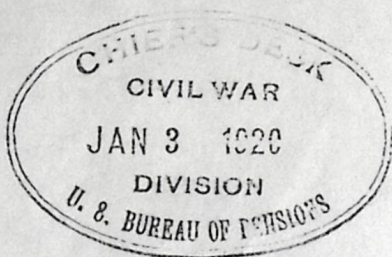
I wish to state that this man served in the Civil war 9 months and received an honorable discharge, the illness he now has is not due to any decease he contracted during his service, however he is 82 years of age and is receving a pension of aonly \$32.00 per month, the# way we understand the circular he is entitled to larger pension and if you will kindly send us the proper blanks we will see that they are executed.

Truly yours,

*[Signature]*  
Cashier







RIC



JAMcC

Civil War Division  
Cert. No. 806705  
Francis Bertrand,  
Co. H, 34 Wis. Inf.

January 8, 1920.

Mr. Art C. Bazlen,  
Luxemburg,  
Wisconsin.

Sir:-

In response to your letter you are informed that the \$32 per month soldier now receives under the Act of May 11, 1912, amended by Act of June 10, 1918, is the highest rate to which he is entitled under existing laws for age and length of service rendered of nine months and fifteen days.

This Bureau can afford him no additional relief for disability not having originated during his military service in line of duty.

Very respectfully,

E. C. FLEMAN

Acting Commissioner.



Lieut. La Plante says  
he knows nothing about  
claim having diarrhoea  
or rheumatism in  
service. If court for  
evidence should state  
the facts and reasons  
under oath.

April 7/92 Letter  
to Noel & Hoebecks?  
P.M. as to keep of Noel  
& Hoebecks.  
As to ~~comrades~~.

NOT RECORDED.  
[3-216.]  
~~W.E. HORTON~~ INVALID.  
No. 331.314

Acts of July 14, 1862, and March 3, 1873.

Francis Bertrand  
P. Green Bay Wisconsin  
Born in Wis.  
Service: Enl. 34 Mo. Jr.

Enlisted: Nov. 29, 1862  
Discharged: Apr 3, 1865.

Application filed: Feb 2, 1885.

Alleges: ~~Sept 9 1861~~ Chronic  
diarrhoea & Rheumatism

Re-enlisted: BOARD OF REVIEW.  
APR 17 1888

4/123  
Attorney: *Clm*  
P. O.

Recognized. Contract.  
10 Cert. of Dis. Searched for Feb. 25, 1888  
(12372-25,000)

IND. Mar. 13/85, A.S. (New)  
ILL. To claim. for Com. Officer  
& Regt Surg. 2nd Cont. Ill.  
IOWA. & treatment since discharge  
Rd Ex. Dr. A. J. Rosenberg  
Secy Memorials, Wis.  
WIS. Dec. 8/87. Clm.  
MINN. DAY NOTICE  
NEBR. THIS CLAIM IS REJECTED ON ACCOUNT OF  
KANS. CLAIMANT'S FAILURE AFTER A REASONABLE  
NEV. TIME TO FURNISH THE NECESSARY PROOF  
TO ESTABLISH THE FACTS AND CAUSE  
OF DISEASE.  
NEV. clm't May 22, 88  
[R].  
COLO. Aug. 23/88 Clt through  
CAL. Hon T.R. Hudd ~~clm't~~  
OREGON. He paid only 1/2 of cost  
IND. TY. Lathrop file  
N. MEX. Claim awards COVRS  
for orig. Dia & R.S. for  
DAKOTA. orig. from 5 yrs & Cont.  
WASH. for both.  
UTAH. Feb. 10/90. To 2d Dep't  
to reopen.  
Feb 18 - 90 Clm't  
R at Green Bay, Wis  
Nov 5/91. A.S. to verdit.  
to Surg.  
P.M. for keep of Lerrill  
& Marrell  
claimant through 4 yrs.  
P. Sawyer should fur. off  
consulate to corroborate Dr. Hoff



DROPPED

APR 23 1920

FINANCE

W

(3-730.)

INVALID.

(Series

806.705)

Cert. No.

806 70

Name

Francis Bertrand

Rank

1st; Service, 1st "H" & 4

Wisconsin Volunteers

Original Roll:

Milwan

Agency

Transf'd

1

to

E.S.

"

1

to

Issued

December 15

Mailed

" 2 1914

Rate and Period, \$

10

from April 31

Deductions:

Drop under the General Law upon this issue

Disability:

Issued

Oct. 19

Mailed

" 20

Rate and Period, \$

12

from Sep. 5

Deductions:

Disability:

DEAD

(389-50,000.)

Issued

June 23, 1910

Mailed

JUN 24 1910

Rate and Period, \$

5

from Jan 11, 1910

Act of Feb. 6, 1907.

Deductions:

Disability:

Issued

Apr 3, 1913

Mailed

APR 4 - 1913

Rate and Period, \$

19

from June 8, 1912

Deductions:

Disability:

ACT OF MAY 11, 1912.

INDORSEMENTS.

Mr. [unclear] (Q.L.)  
Step 5 [unclear]

Jan 8/20. Out C. Baglin as  
per copy [unclear]

APR 24 1920 Act March 2, 1916  
[unclear] to [unclear] [unclear]

MAY 7 - 1920 REIMBURSEMENT  
[unclear] [unclear]



INVALID. (Series \_\_\_\_\_)

Cert. No. **806705**Name, *Francis Bertrand*Rank, *Pvt.*; Service, *Co. H. 34<sup>th</sup> Wis. Vol.*Original Roll: *Milwaukee*

Agency, Transf'd \_\_\_\_\_, 18\_\_\_\_, to \_\_\_\_\_

" \_\_\_\_\_, 18\_\_\_\_, to \_\_\_\_\_

Issued *Aug. 25*, 18*92*Mailed *Sept 5*, 18*92*Rate and Period, \$ *1*, from *Feb 2*, 18*91**#6* "Mar. 19" 18*90*

Deductions: \_\_\_\_\_

Disability: *disease of rectum*+ *malarial poisoning*Issued *June 5*, 18*90*Mailed *" 12 "*, 18*90*Rate and Period, \$ *1*, from *Oct. 18*, 18*90*

Deductions: \_\_\_\_\_

Disability: *disease of rectum*+ *malarial poisoning*

Issued, \_\_\_\_\_, 18\_\_\_\_

Mailed \_\_\_\_\_, 18\_\_\_\_

Rate and Period, \$ \_\_\_\_\_, from \_\_\_\_\_, 18\_\_\_\_

Deductions: \_\_\_\_\_

Disability: \_\_\_\_\_

Issued \_\_\_\_\_, 18\_\_\_\_

Mailed \_\_\_\_\_, 18\_\_\_\_

Rate and Period, \$ \_\_\_\_\_, from \_\_\_\_\_, 18\_\_\_\_

Deductions: \_\_\_\_\_

Disability: \_\_\_\_\_

## INDORSEMENTS.

*June 14 - 94 P.A. To correct  
A. to E. and re-mail cty  
to Forest. Wisc. J.*



3-848.  
(Old No. 3-216 a.)

Ex'r.

*Little*  
*J. C. H.*  
No. 806.705

Act of June 27, 1890.

6/176

JUN 7 - 1904

*Ind. Apr. 29/04 claim filed*  
*IND. Apr 21/04 invalid inc. claim*  
*under act June 27/90. never pensioned*  
*under said act.*  
*J. C. H.*

IOWA.

Francis Bertrand.

P. O. Keunon.

Price Co. Wis.

Service: H 34 Wis. Inf.

Enlisted: , 18 .

Discharged: , 18 .

Application filed: Apr. 21 , 1904

Alleges:

Any other claim filed: L.C. 806.703.

Numerical No.

WIS.

MINN.

NEBR.

KANS.

NEV.

COLO.

CAL.

OREGON.

IND. TY.

N. MEX.

DAKOTA.

WASH.

UTAH.

Attorney: Haber & Whitman Co.

P. O. City.

Recognized. Contract.

Cert. of Dis. Searched for , 190 .

No.

WESTERN B  
DIVISION B



STATE OF WISCONSIN,  
KEWAUNEE COUNTY, SS:

On this 27th day of April, 1897, personally appeared before me a Notary Public in and for the County of Kewaunee, Wisconsin, Frank Bertrand, aged 58 years, a resident of Luxemburg, County of Kewaunee and State of Wisconsin, who being duly sworn according to law declares that he is a pensioner of the United States, duly enrolled at the Milwaukee pension agency at the rate of six dollars per month by reason of disability incurred in the military service of the United States while a private in company "H", 34th Wisconsin Infantry; that his present physical condition is such that he believes himself entitled to receive an increased pension; and that his disability is chronic diarrhoea and rheumatism incurred in the military service aforesaid; that he is disabled from manual labor at least two-thirds of all the time by reason of such disabilities; that he is a farmer and it is necessary that he perform manual labor; that he appoints Geo. W. Wing of Kewaunee, Wisconsin, his true and lawful attorney to prosecute his claim; that his post-office address is Tonet, Kewaunee County, Wisconsin.

Attest:

*Frank's*  
*Frank X Bertrand*  
*notary*

Also personally appeared Charles A. Pinchart of Luxemburg, Kewaunee County, Wisconsin, and Charles Wattawa, of Kewaunee County, Wisconsin, persons whom I certify to be respectable and entitled to credit who being by me duly sworn say they were present and saw the claimant sign his ~~name~~ <sup>mark</sup> to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

*Charles A. Pinchart*  
*Charles Wattawa*

sworn to and subscribed before me this 27th day of April, 1897; and I, hereby certify that the contents of the above declaration, etc., were fully made known to the applicant and witnesses before swearing; and that I have no interest direct or indirect in the prosecution of this claim.

*Louis Brummer*

Notary Public,  
Kewaunee County, Wis.



ATTY FILED

1712



In of 806705

In re application of  
Frank Bertrand, late  
Private Co. "H," 34th Wis  
for an increase of  
pension.



MAY 5 1897  
RECEIVED.



RECORD & PENSION OFFICE  
OCT 2 1799680  
WAR DEPARTMENT

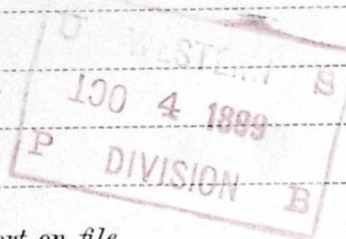
3-404 aa.  
*West* Div., *W.H.* Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. *Sept 29*, 1899.

Respectfully referred to the Chief of the  
Record and Pension Office, War Department,  
requesting *additional* a full military and medical his-  
tory of the soldier, *if on file*, also  
state his age at date of  
enlistment.



No other report on file.

*100 6* No. *806,705*.

Name, *Francis Bertrand*.

Co. *H*, *34* Reg't *Wis. Inf.*

*J. L. Sargent*  
Acting Commissioner.

Address: "Chief of the Record and Pension Office,  
War Department, Washington, D. C."

Record and Pension Office,

WAR DEPARTMENT,

Washington, *OCT 2* 1899

Respectfully returned to the

Commissioner of Pensions,

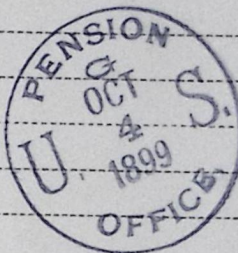
with the information that in the case of

*Francis Bertrand*  
*Co. H. (also known as*  
*Capt de Saint Anges Co.)*  
*34 Wis. Drafted Mil Inf.*  
*military records furnish*  
*the following in addition*  
*to that contained in*  
*report dated June 8, 1885.*

*Age at enlistment 23 yrs.*

The medical records show him treated as follows:

*No record found.*



BY AUTHORITY OF THE SECRETARY OF WAR:

*John Zwerdahl*  
Chief, Record and Pension Office.

Per *K*



# DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Wisconsin, County of Kewaunee, ss:

On this 6<sup>th</sup> day of June, A. D. one thousand nine hundred and Twelve, personally appeared before me, a soldier within and for the county and State aforesaid,

Francis Bertrand who, being duly sworn according to law, declares that he is 72 years of age, and a resident of Town of Luxembourg, county of Kewaunee,

State of Wisconsin; and that he is the identical person who was ENROLLED at Milwaukee Wisconsin, under the name of Francis Bertrand,

on the 29 day of November, 1862, as a soldier, in Army Co. H. Reg 34 Wis Volunteer Inftry  
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil war, and WAS HONORABLY DISCHARGED  
(State name of war, Civil or Mexican.)

at Camp Washburn Wis, on the Eight day of September, 1863.

That he also served \_\_\_\_\_  
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 7 inches; complexion, Fair; color of eyes, Hazel; color of hair, dark; that his occupation was Farmer that he was born June 1<sup>st</sup>, 1840, at Province of Brabant in The State of Belgium

That his several places of residence since leaving the service have been as follows: Town Kewaunee County Wis. and Kennan Price County Wis  
(State date of each change, as nearly as possible.)  
and now at Town Kewaunee County Wis

That he is a pensioner under certificate No. 806,705. That he has \_\_\_\_\_ applied for pension under original No. 806,705

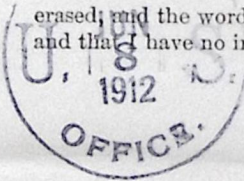
That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.

That his post-office address is Luxembourg R 4, county of Kewaunee, State of Wisconsin

Attest: (1) Joseph J. Joubt | Francis Bertrand  
(2) Julia Janet | mark  
(Claimant's signature in full.)

SUBSCRIBED and sworn to before me this 6 day of June, A. D. 1912, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words \_\_\_\_\_

[L. S.] \_\_\_\_\_ erased; and the words \_\_\_\_\_ added; and that I have no interest, direct or indirect, in the prosecution of this claim.



Joseph J. Joubt  
(Signature.)  
Notary Public  
(Official character.)

My Comm expires Feb. 27, 1914

IF A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.

Validly accepted  
S. C. L. Division  
for execution



ACT OF MAY 11, 1912.

## CLAIM FOR PENSION.

Certificate No. 806, 705.

Name, Francis Bertrand.

Service,

## INSTRUCTIONS.

This form may be used for original pension or increase of pension.  
 Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

## ACT APPROVED MAY 11, 1912.

That any person who served ninety days or more in the military or naval service of the United States during the late Civil War, who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts, according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years and served ninety days, thirteen dollars per month; six months, thirteen dollars and fifty cents per month; one year, fourteen dollars per month; one and a half years, fourteen dollars and fifty cents per month; two years, fifteen dollars per month; two and a half years, fifteen dollars and fifty cents per month; three years or over, sixteen dollars per month. In case such person has reached the age of sixty-six years and served ninety days, fifteen dollars per month; six months, fifteen dollars and fifty cents per month; one year, sixteen dollars per month; one and a half years, sixteen dollars and fifty cents per month; two years, seventeen dollars per month; two and a half years, eighteen dollars per month; three years or over, nineteen dollars per month. In case such person has reached the age of seventy years and served ninety days, eighteen dollars per month; six months, nineteen dollars per month; one year, twenty dollars per month; one and a half years, twenty-one dollars and fifty cents per month; two years, twenty-three dollars per month; two and a half years, twenty-four dollars per month; three years or over, twenty-five dollars per month. In case such person has reached the age of seventy-five years and served ninety days, twenty-one dollars per month; six months, twenty-two dollars and fifty cents per month; one year, twenty-four dollars per month; one and a half years, twenty-seven dollars per month; two years or over, thirty dollars per month. That any person who served in the military or naval service of the United States during the Civil War and received an honorable discharge, and who was wounded in battle or in line of duty and is now unfit for manual labor by reason thereof, or who from disease or other causes incurred in line of duty resulting in his disability is now unable to perform manual labor, shall be paid the maximum pension under this Act, to wit, thirty dollars per month, without regard to length of service or age.

That any person who has served sixty days or more in the military or naval service of the United States in the War with Mexico and has been honorably discharged therefrom, shall, upon making like proof of such service, be entitled to receive a pension of thirty dollars per month.

All of the aforesaid pensions shall commence from the date of filing of the applications in the Bureau of Pensions after the passage and approval of this Act: *Provided*, That pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special Act: *Provided*, That no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this Act: *Provided further*, That no person who is now receiving or shall hereafter receive a greater pension, under any other general or special law, than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

SEC. 2. That rank in the service shall not be considered in applications filed hereunder.

SEC. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act, except in applications for original pension by persons who have not heretofore received a pension.

SEC. 4. That the benefits of this Act shall include any person who served during the late Civil War, or in the War with Mexico, and who is now or may hereafter become entitled to pension under the Acts of June twenty-seventh, eighteen hundred and ninety, February fifteenth, eighteen hundred and ninety-five, and the joint resolutions of July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six, or the Acts of January twenty-ninth, eighteen hundred and eighty-seven, March third, eighteen hundred and ninety-one, and February seventeenth, eighteen hundred and ninety-seven.

SEC. 5. That it shall be the duty of the Commissioner of Pensions, as each application for pension under this Act is adjudicated, to cause to be kept a record showing the name and length of service of each claimant, the monthly rate of payment granted to or received by him, and the county and State of his residence; and shall at the end of the fiscal year nineteen hundred and fourteen tabulate the record so obtained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee therefor as is provided by law for certified copies of records in the executive departments.



Act of February 6th, 1907

DECLARATION FOR INVALID PENSION

State of Wisconsin,

County of *Kewaunee* ss.

On this *7* day of *June*, A. D. one thousand nine hundred and *ten* personally appeared before me, a *Notary Public* within and for the county and State aforesaid, *Francis Bertrand* who, being duly sworn according to law, declares that he is *70* years of age, and a resident of *Town of Union* county of *Dodge* State of *Wisconsin* and that he is the identical person who was ENROLLED at *Washington D.C.* under the name of *Francis Bertrand* on the *Twenty nine* day of *November* 18 *62* as a *Private* in *Company H, 34 Regiment* of *Wisconsin Infantry* [Here state rank, and company, and regiment in the Army, or vessel, if in the Navy.] in the service of the United States, in the war of the rebellion, and served at least ninety days and was HONORABLY DISCHARGED at *Camp Washburn, Minn* on the *Eight* day of *September* 18 *63* That he also served [Here give a complete statement of all other services, if any.]

That he was not employed in the military or naval service of the United States otherwise than as stated above.

That his personal description at enlistment was as follows: Height *5* feet *seven* inches; complexion, *Fair*; color of eyes *hazel*; color of hair, *Dark*; that his occupation was *Farmer*; that he was born *Belgium* 18 *40* at *Province of Brabant*

That his several places of residence since leaving the service have been as follows: *in the state of Wisconsin since leaving the service* [State date of each change, as nearly as possible.]

That he is a pensioner under Certificate No. *806705* That he has heretofore applied for pension

[If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.]

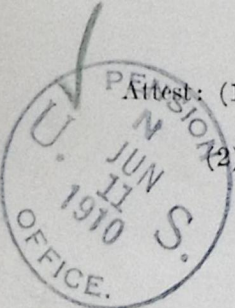
That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of Feb. 6, 1907.

That his POST-OFFICE ADDRESS is *Luxembourg P<sup>o</sup> 5* county of *Kewaunee* State of *Wisconsin*

That he hereby appoints The Adjutant General of Wisconsin, Madison, Wisconsin, his true and lawful attorney to prosecute his claim without fee.

*Francis Bertrand*  
(Claimant's signature in full.)

Attest: (1) *Fred Paye*  
(2) *Edmund Bader*





Also personally appeared Fred Payl....., residing at Luxemburg, Wis  
and Edmond Bader....., residing at Luxemburg, Wis, persons whom I  
certify to be respectable and entitled to credit and who, being by me duly sworn, say they were present and  
saw Francis Bertrand....., the claimant, sign his name (or make his mark) to the foregoing declara-  
tion; that they have every reason to believe, from the appearance of the claimant and their acquaintance with  
him of 15..... years and 10..... years respectively, that he is the identical person he repre-  
sents himself to be; and that they have no interest in the prosecution of this claim.

Fred Payl  
Edmond Bader  
Signatures of witnesses.

SWORN to and subscribed before me this 7..... day of June....., A. D. 1910..

and I hereby certify that the contents of the above declaration, etc., were fully made  
known and explained to the applicant and witnesses before swearing, including the  
[L. S.] words September....., erased, and the  
words November....., added; and that

I have no interest, direct or indirect, in the prosecution of this claim.

Validity accepted

as to execution

S. A. Cuddy,

Chief, Law Division,

per A. D.

Theophile Ropson  
(Signature.)

Notary Public  
(Official character.)

Severance Co. Wisconsin

My com. Expires May 4, 1913.

To be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such a certificate has been filed in the Bureau of Pensions for general reference.

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

DUPLICATE OF THIS IS REQUIRED.

This blank is not to be used except in cases where the Adjutant General of Wisconsin appears as attorney.

### Soldier's Application for Pension

Act of Feb. 6, 1907

Name Francis Bertrand.....

Service Co. H - 34 Reg......

W. S. S. S. S. S......

RECEIVED  
JUN 14 1910  
WEST DIV

FILED BY

THE ADJUTANT GENERAL

OF WISCONSIN,

State Agent For Pensions

Attorney

MADISON, WIS.

RECEIVED  
JUN 11 1910  
DIVISION



Tomb Aug. 4, 1893

To the Bureau of Pensions

I Louis Hocbreck late Sergeant  
Co H 34 Reg Wis Inf.  
hereby certify that Francis Bertrand  
in the First part of June 1863  
complained to me, first of Diarrhea  
and about the end of August he  
complained of Fever and Ague, and  
I now positively, that he suffered for  
over a year with it. About 9 years  
ago he complained of Rheumatism  
and has done so ever since.  
He has also complained of Piles  
but I don't remember the exact time  
I think it is six years ago.  
I think he is incapacitated for  
about one half of Regular work  
of late years. Kewanee County has  
raised a fund, to help poor Soldiers.  
Francis Bertrand has been a recipient  
of this bounty since inaugurated.  
Therefore I think that I do not make  
a mistake to state that he really  
needs some relief.

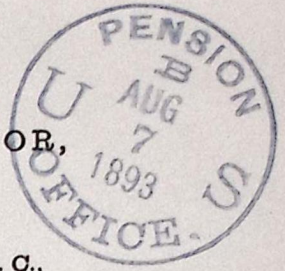
Wm Lockren  
Commissioner

Yours Respectfully  
L L Hocbreck









West,  
D.F.B.  
No. 806705  
Francis Bertrand  
Co. H. 1st Reg't Wis. Inf.

DEPARTMENT OF THE INTERIOR,  
BUREAU OF PENSIONS,  
WASHINGTON, D. C.,

Return this letter with your reply.

July 21, 1893

Sir:

To further aid this Bureau in determining the merits of the above entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

Louis Hoebecks,  
Tonet,  
Wis.

Wm Lockman

Commissioner.

When did you first see claimant after he returned from the army, and how do you fix the date?

Answer: about Sept 8 1864 about 3 weeks  
after he returned from the army

Of what disability did he complain, and how was he affected?

Answer: first he complained of Fever or Rheum  
a few years afterwards he complained of Rheumatism

How frequently have you seen him since your first acquaintance?

Answer: nearly Every Month

If he has continued to suffer with such disability, please describe the symptoms which were apparent to you, and state to what extent he has been disabled for manual labor thereby during each year?

Answer: He would say himself like a Lazy Man  
some time when he complained, then he could  
not do a half day work  
I think he does nearly a half man work

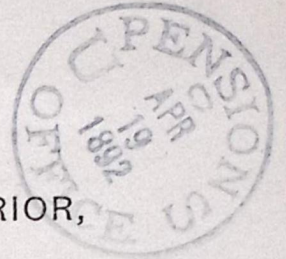
My means of knowing the facts of the case are these: that is why he is  
supported partially by the County as a  
poor Soldier a fund being raised  
every year for such purpose

COMMISSIONER OF PENSIONS,  
Washington, D. C.

Very respectfully,

Louis Hoebecks





West  
M.E.H.  
Div.  
Ex'r.

Orig. No. 531314.  
Francis Bertrand  
Co. "H", 34<sup>th</sup> Reg't M.P. Inf.

DEPARTMENT OF THE INTERIOR,  
BUREAU OF PENSIONS,  
WASHINGTON, D. C.,

Return this letter with your reply.

April 17, 1892.

Sir:

To aid this Bureau in the adjudication of the above cited claim, please furnish a statement in your own handwriting, setting forth all the facts within your personal knowledge relative to the incurrence of chronic diarrhoea and rheumatism by above named soldier in service.

In your reply please be as specific as possible in respect to dates, and describe as clearly as you can the nature, symptoms, and extent of the disability.

Your immediate answer, indorsed upon the back of this letter, will be appreciated.

Very respectfully,

Green B. Raum

Commissioner.

Louis Hoebecks,  
Donet,

Keokuk Co., Wis.



Tonet April 15<sup>th</sup> 1892

L. L. Hoebecke late Sergt of Co H <sup>34<sup>th</sup></sup> Wis Inf.  
hereby certify to the best of my knowledge  
that Francis Bertrand of Co H <sup>34<sup>th</sup></sup> Reg. Wis.  
Inf. was taken sick, in Camp near Memphis  
Tenn. with fever an age about the 15 of June  
1863 and he left the Army being Discharged  
at expiration of term on Sept 8 1863  
without being relieved of the Fever an age  
and that he suffered with the same for  
over a year after. Since then he has  
repeatedly complained of Diarrhea with  
I think has settled into Chronic Diarrhea  
with I think has been the cause of the  
Rhumatism from which he has been  
complaining, since about the middle  
of the winter of 1882

Louis Hoebecke  
Tonet Post Office  
Kewaunee Co Wis.



Claim Nov 18 1891  
for Pension

No 551,314



of Francis Bertrand Co H 34<sup>th</sup>  
Reg. Wis Inf.

State of Wisconsin  
County of Kewaunee

I Louis Hoebrack late Supt Co H  
34<sup>th</sup> Wisconsin Inf. hereby certify  
that I have known Francis Bertrand  
when in the Service, said Bertrand  
residing in the Town of Luxemburg  
Kewaunee Co Wis. was acquainted  
with him before he entered the Army  
he was an Able bodied Man at the  
time he entered the Service

In June 1863 in Camp near Memphis  
Tenn he was taken Sick with Fever & ague  
he went to the <sup>Regt</sup> Hospital near Camp  
but left said Hospital without being  
relieved of Disease, which he had  
for over a year afterwards  
complaining all the time of  
Diarrhea and Rheumatism, and has  
made the same Complaint of  
Diarrhea and Rheumatism since  
that time till now I have no  
interest in this claim Louis Hoebrack  
Post Office Address Tonet  
Wis Kewaunee Co

Sergt Orgin & Co

new

2  
Shu. 5/10



Claim of Francis Bertrand Co A 341  
Wis Inf- Inv. Penn- No 531314

State of Wisconsin  
County of Brown

Victor Noel being duly

Sworn says - I am 53 years of age - I live  
in the City of Green Bay Brown Co Wis  
My PO address is Green Bay Brown Co Wis  
I am well acquainted with above claimant  
Francis Bertrand who lives in the Town of  
Luxemburg Kewaunee Co Wis was acquainted with  
him 2 or 3 years before he went into the army and  
I served in the same Co with him and at  
the same time - For all I know he was able  
bodied strong & healthy when he entered the U.S.  
service about the month of June 1863 he began  
to be sick - he had fever and ague chronic dysentery  
& rheumatism - I know that he so frequently was  
obliged to go to stool that he had dysentery & I  
have seen him with fever and seen him shake  
with the ague and from his difficulty and  
apparently difficult movements in walking  
& moving himself and from his complaints  
and from the fact that no thought of a  
pension existed at that time I am sure  
that he then was troubled with chronic  
dysentery & rheumatism

Comrade Victor Noel

23  
then, 85 to 91



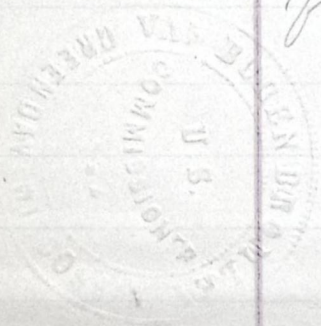
3

until within the last two weeks I lived  
in the same neighborhood within five miles  
and have seen him on an average over a month  
ever since he was discharged and I think that  
he is disabled to at least the extent of one half  
for the performance of manual labor by  
rheumatism & chronic diarrhoea incurred in the  
U.S. service

I have no intent in this claim  
victor c. voel

Subscribed sworn to before me this 16 day  
of November A.D. 1891 & I certify that affidavit  
is a respectable person entitled to credit -  
that I read & explained the foregoing affidavit  
to him before swearing - that I have no  
intent cheat or mislead in the prosecution  
of this claim and a certificate of my  
authority as U.S. Commissioner is on  
file in the Pension Bureau

Wm. Brown Brodley  
U.S. Commissioner  
E.S. of W.V.





531, 374.

# War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, June 8, 1885.

Respectfully returned to the Commissioner of Pensions.

✓ Francis Bertrand, a Private of Company "H",

34<sup>th</sup> Regiment Wisconsin Volunteers, was enrolled on the

23 24 day of November, 1862, at Red River for 9 months

and is reported: on Roll from Enrollment to December 31<sup>st</sup>

'62 present. Same Report to June 30<sup>th</sup> '63. Roll and

Returns for July and August not on file.

Mustered out with Comp. September 8<sup>th</sup> 1863, at

St. Louis, Mo. a Private.

W evidence of alleged disabilities.

Regtl Hsptl Records Company

Morning Reports or Company

Returns are not on file.

Thomas M. Ward

Assistant Adjutant General.

86

3



ACT OF FEBRUARY 6, 1907.

## DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Wisconsin }  
 County of Price } ss.

On this 27th day of August, A. D. one thousand nine hundred and eight, personally appeared before me, a Notary Public within and for the county and State aforesaid, Francis Bertrand, who, being duly sworn according to law, declares that he is 70 years of age, and a resident of Kennan county of Price, State of Wisconsin; and that he is the identical person who was ENROLLED at Milwaukee, Wisconsin, under the name of Francis Bertrand, on the 29th day of November, 18 62 as a Private, in Company (H), 34th Regiment, Wis. Inf.  
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at Camp Washburn, Wisconsin (State name of war, Civil or Mexican.), on the 8th day of September, 18 63. That he also served  
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 7 inches; complexion, Fair; color of eyes, Hazel; color of hair, Dark; that his occupation was Farmer; that he was born June 1st, 18 38, at Prov. of Braban, Belgium.

That his several places of residence since leaving the service have been as follows: Luxembourg, Wis. up the year 1898, at Kennan, Wisconsin, up to the present time.  
(State date of each change, as nearly as possible.)

That he is now a pensioner. That he has \_\_\_\_\_ heretofore applied for pension Certificate No. 806705

(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of February 6, 1907.

That his post-office address is Kennan county of Price, State of Wisconsin

Attest: (1) John Gilbert Francis Bertrand  
(Signature in full.)

(2) James F. Larson

Also personally appeared John Gilbert, residing in Kennan, Wis. and James F. Larson, residing in Kennan, Wis., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw Francis Bertrand, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of 9 years and 3 years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

[L. S.]

SUBSCRIBED and sworn to before me this 27th day of August, A. D. 1908, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words \_\_\_\_\_, erased, and the words \_\_\_\_\_, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

S. A. Cuddy,  
 Chief, Law Division.

per JTH 8 31 08

Notary Public.

(Official character.)

My commission Expires February 5th, 1911.



3-014.

ACT OF FEBRUARY 6, 1907.

## CLAIM FOR PENSION.

Certificate No. *806.706.*

Name, *James Portland*

Service, *Co A. 34<sup>th</sup> Mo. Inf.*

### INSTRUCTIONS.

This form may be used for original pension or increase of pension.  
Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal. Unless such certificate has been filed in the Bureau of Pensions for general reference.



### AN ACT

GRANTING PENSIONS TO CERTAIN ENLISTED MEN, SOLDIERS, AND OFFICERS WHO SERVED IN THE CIVIL WAR AND THE WAR WITH MEXICO.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled:*

That any person who served ninety days or more in the military or naval service of the United States during the late civil war, or sixty days in the war with Mexico, and who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll, and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years, twelve dollars per month; seventy years, fifteen dollars per month; seventy-five years or over, twenty dollars per month; and such pension shall commence from the date of the filing of the application in the Bureau of Pensions after the passage and approval of this Act: *Provided*, that pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special act: *Provided*, that no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this Act: *Provided, further*, that no person who is now receiving or shall hereafter receive a greater pension under any other general or special law than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

Sec. 2. That rank in the service shall not be considered in applications filed hereunder.

Sec. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act.

APPROVED: February 6, 1907.

6-803



DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

WASHINGTON, D. C., January 2, 1915.

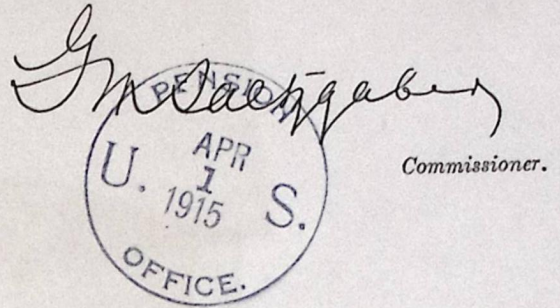
SIR: Please answer, at your earliest convenience, the questions enumerated below. The information is requested for future use, and it may be of great value to your widow or children. Use the inclosed envelope, which requires no stamp.

Very respectfully,

FRANCIS BERTRAND,  
LUXEMBURG, WIS.

806705

R. R. #4,



Commissioner.

- No. 1. Date and place of birth? Answer. *June 1 1839 Province of Barban In Belgium*  
The name of organizations in which you served? Answer. *Private Co. H. 34 Regiment Wisconsin Infantry*
- No. 2. What was your post office at enlistment? Answer. *Robinsville Brown Co., Wis.*
- No. 3. State your wife's full name and her maiden name. Answer. *Lucy Bayle*
- No. 4. When, where, and by whom were you married? Answer. *at Robinsville Brown Co 9 of Nov 1865 by Rev Kruth*
- No. 5. Is there any official or church record of your marriage? *yes*  
If so, where? Answer. *Record at Kenosha Co State of Wis.*
- No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer. *No*
- No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. Answer. ....
- No. 8. Are you now living with your wife, or has there been a separation? Answer. *my Wife is Dead*
- No. 9. State the names and dates of birth of all your children, living or dead. Answer.
- |                          |                           |             |
|--------------------------|---------------------------|-------------|
| <i>Clemence Bertrand</i> | <i>8<sup>th</sup> Aug</i> | <i>1866</i> |
| <i>Mary</i>              | <i>20. March</i>          | <i>1868</i> |
| <i>Emile</i>             | <i>19. Oct</i>            | <i>1870</i> |
| <i>Peter</i>             | <i>14. Aug</i>            | <i>1872</i> |
| <i>Gustave</i>           |                           | <i>1873</i> |
| <i>Edmund</i>            | <i>26 June</i>            | <i>1874</i> |
| <i>Josephine</i>         | <i>11 Oct</i>             | <i>1880</i> |
| <i>Henry</i>             | <i>July</i>               | <i>1878</i> |
| <i>Chas</i>              | <i>26 July</i>            | <i>1882</i> |

Date *Mar 29*

(Signature)

*Francis Bertrand*  
markWit *Joseph J Joubt*  
*Julia Joubt*



WEBB

3-1081

1  
32

PENSIONER DROPPED  
FINANCE  
DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

APR 23 1920, 191

Certificate No. 806705

Class ACT OF MAY 11, 1912

Pensioner

Soldier Francis Bertrand

Service H. 34 Wis Inf

The Commissioner of Pensions.

Sir:

I have the honor to report that the name of  
the above-described pensioner who was last  
paid at \$ 32, to APR 4- 1920, 1  
has this day been dropped from the roll be-  
cause of death Apr 13 1920

FRANCIS BERTRAND,  
LUXEMBOURG WIS  
806705 ACT MAY  
R. R. #4,

Very respectfully,

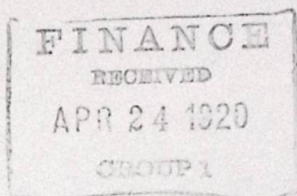
*W. M. Campbell*

Chief, Finance Division.

NOTE.—Every name dropped to be thus reported at  
once, and when cause of dropping is death, state date  
of death when known.

6-2249





★ Finance Division  
★ APR 27 1920

BUREAU OF PENSIONS



Department of Health—Bureau of Vital Statistics  
COPY OF DEATH RECORD

MARGIN RESERVED FOR BINDING

Write Plainly With Unfading Ink—This Is a Permanent Record

This form of certificate is to be used only by LOCAL REGISTRARS for reporting to the REGISTER OF DEEDS. Send this certificate to the REGISTER OF DEEDS when the monthly report is mailed to the state office. DO NOT distribute these blanks to undertakers or other persons required to report deaths to you. All original certificates must be sent to the state office with the monthly reports.

County <u>Kewaunee</u>		Township <u>Red River</u>		Village <u>✓</u>		City <u>✓</u>		(No. _____ St. _____ Ward _____)	
(If death occurred in a hospital or institution give its NAME instead of street and number)									
2 FULL NAME <u>Frank Bertrand</u>									
(a) Residence No. _____		(Usual place of abode) _____		St. _____		Ward _____		(If non-resident give city or town and state)	
Length of residence in city or town where death occurred _____ yrs.		_____ mos.		ds.		How long in U. S., if of foreign birth _____ yrs.		_____ mos. _____ ds.	
PERSONAL AND STATISTICAL PARTICULARS									
3 SEX <u>Male</u>		4 COLOR OR RACE <u>White</u>		5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the Word) <u>Widower</u>					
5a If Married, Widowed or Divorced HUSBAND of (or) WIFE of <u>Not given</u>									
6 DATE OF BIRTH (month, day and year) <u>June - 18 - 1839</u>									
7 AGE		Years <u>60</u>		Months <u>10</u>		Days <u>12</u>		If LESS than 1 day, _____ hours or _____ min.	
8 OCCUPATION									
(a) Trade, profession or particular kind of work <u>Retired Farmer</u>									
(b) General nature of industry business, or establishment in which employed (or employer) _____									
9 BIRTHPLACE (city or town) (State or country) <u>Belgium</u>									
PARENTS	10 NAME OF FATHER <u>Not given</u>								
	11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Belgium</u>								
	12 MAIDEN NAME OF MOTHER <u>Not known</u>								
	13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Belgium</u>								
14 Informant <u>Edmund Bertrand</u>									
(Address) <u>710-So. Maple St. Green Bay, Wis.</u>									
15 Filed <u>Apr. 15 - 1920</u> <u>Clem DePas</u> Registrar									
Filed <u>April 14 1920</u> <u>Clem Rasm</u> Sub-Registrar									
MEDICAL CERTIFICATE OF DEATH									
16 DATE OF DEATH (month, day and year) <u>April - 13 - 1920</u>									
17 I HEREBY CERTIFY, that I attended deceased from <u>July - 6 - 1919</u> to <u>April 12 - 1920</u> ; that I last saw him alive on <u>April - 5th 1920</u> , and that death occurred on the date stated above at _____ m.									
The CAUSE OF DEATH* was as follows: <u>Chronic Cystitis Prostatitis.</u>									
Contributory (Secondary) <u>Senility</u>									
(Duration) _____ yrs. _____ mos. _____ ds.									
(Duration) _____ yrs. _____ mos. _____ ds.									
18 WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH?									
Did an operation precede death? _____ Date of _____									
Was there an autopsy? _____									
What test confirmed diagnosis? _____									
(SIGNED) <u>Edward Kerscher</u> M. D.									
Apr. 13 - 1920 (Address) <u>Casco, Wis. R. # 2.</u>									
* State the disease causing death, or in deaths from violent causes state (1) means and nature of injury; and (2) whether accidental, suicidal, or homicidal. (See reverse side for additional space.)									
19 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Tonet, Wis.</u>								DATE OF BURIAL <u>Apr. 15 - 1920</u>	
20 UNDERTAKER <u>O. DeBaush</u>								ADDRESS <u>Wis. Luxemburg.</u>	







TO ALL WHOM IT MAY CONCERN.

Know ye, That Francis Bertrand a  
Private of Captain Isadore de Saint Ange's  
Company, (H,) 34th Regiment of Wisconsin Infantry  
Volunteers who was enrolled on the Twenty Ninth day of November  
one thousand eight hundred and Sixty Two to serve Nine Months years or  
during the war, is hereby DISCHARGED from the service of the United States,  
this Eighth day of September, 1863, at Camp Washburn  
Wisconsin by reason of the expiration of his term of Service  
(No objection to his being re-enlisted is known to exist.)

Said Francis Bertrand was born in Province of Braben  
in the state of Belgium, is Seventy Three years of age,  
Five feet Seven inches high, Fair complexion, Hazel eyes,  
Dark hair, and by occupation, when enrolled, a Farmer.

Given at Camp Washburn, Wis. this Eighth day of  
September 1863.

Litzriaues. Major. U. S. A.

Must. Off.

William P. Barclay  
1st Lieut. Comd. Co.

*A true copy of the discharge of Francis Bertrand, made  
by me this 16th. day of May 1929.*

*Harriet A. Cammenbergh  
Notary Public.*







State of Wisconsin )  
County of Kewaunee ) P.S.

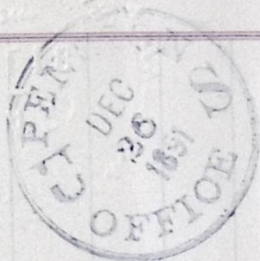
I Zachariah  
Vanderfeld of the County of Kewaunee  
and State of Wisconsin Certify  
that I have known Francis  
Bertram before he enlisted in  
the Army he was in good health at  
the time When he returned from  
the Army he came home very  
sick I took him myself to Green  
Bay to be treated by a doctor I did  
not think that he would have lived  
long that was I think in 1863. and  
he remained very sick long afterwards  
I have not ~~known~~ <sup>known</sup> him since  
I have not ~~known~~ <sup>known</sup> him since  
Sworn and Subscribed before me this 19<sup>th</sup>  
day of November 1891. at Greenburg  
Kewaunee County Wisconsin and  
Certify that Zachariah Vanderfeld is an  
Honorable Citizen J. H. Harvers  
Notary Public  
Kewaunee Co, Wis



conf. ind. sent



LIBRARY CO.





State of Wisconsin }  
County of Dodge } ss

In the pension claim of Francis  
Bertrand of the 34<sup>th</sup> Wis. V. Inf.

Personally came before me a Notary Public  
in and for aforesaid County and State Theodore  
Kopff, a resident of Beaver Dam, of the county  
of Dodge and the State of Wisconsin, who,  
being duly sworn, declares in relation to aforesaid  
case as follows:

Francis Bertrand late member of the  
34<sup>th</sup> Wisconsin Inf. Reg. is known to me from  
the time of enlistment, he was a healthy man  
then, until we came to Memphis Tennessee.  
In June of 1863 he was sent to Regimental  
Hospital on account of contracted diarrhoea.  
It was a general epidemic of diarrhoea  
prevailing, the most of them very severe and  
turning out in dysentery ended good many  
lives. Amongst the severe cases was the case  
of Francis Bertrand. He was in the hospital  
over a month, the disease turned in a chronic  
state, he wished to leave the hospital, the  
sight of so many sick he said made him sicker  
again. I treated him in his tent as good as  
possible, but the excessive heat, the nourishing



materials and especially near the Mississippi  
were not satisfactory for improving health. He  
dragged himself along until mustered out, & treated  
himself in Camp Washburn Milwaukee Wis.  
where we were awaiting our discharge.

I further declare, that I have no interest  
in said case and am not concerned in its  
prosecution.

Theodore Hopff M. D.

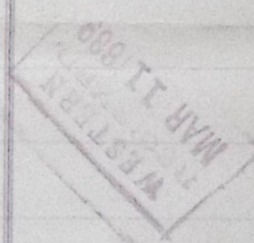
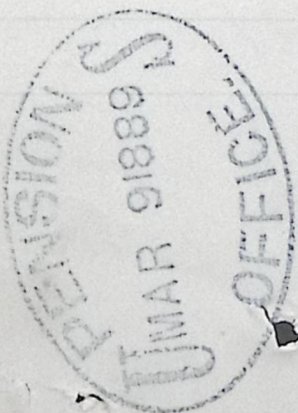
Subscribed & sworn to before me this 9<sup>th</sup> day  
of January 1889. and I certify that the foregoing  
affidavit was written by said affiant & that  
he signed the same, and this I have no  
interest, direct or indirect in this claim.

Cheer Miller

Notary Public

Dodge Co Wis

Read on file







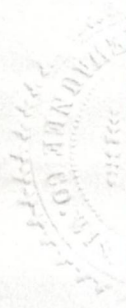
State of Wisconsin }  
County of Kewaunee } 88

I Peter Joret  
of the Town of Luxemburg in the  
County of Kewaunee and State of  
Wisconsin Certify that I have known  
Lezandis Bertrand before he went into  
the Army he was a healthy and  
strong man When he returned from  
the Army he was sick and remained  
sick for a long while and has not  
been the same strong man as before  
ever since his return I have no interest in  
Claim

Peter Joret  
sworn and subscribed before me this 19<sup>th</sup> day  
of November 1891. I further Certify that  
Peter Joret is a trustworthy Citizen

J. Haavers  
Notary Public  
Kewaunee Co, Wis

correct  
indefinite





State of Wisconsin  
County of Brown

Leonard Laplant being  
duly sworn says - I am 55 years of age  
my residence is Town of Scott Brown Co Wis  
and my PO address is Weymouth Brown  
Co. Mo. I was 2<sup>d</sup> Lt of Co H 34<sup>th</sup> Reg  
Wis Inf. Vol. and I was and still am  
well acquainted with Francis Bertrand who  
was a private in said Co.

I know he was well healthy when he enlisted  
and until the Fall of 1863 I think it was  
in latter part of August 1863 that I was in Hospital  
at Milwaukee ~~the~~ and I think it was first part  
of August that he was sick in Memphis in the  
regimental Hospital. I know he had fever and  
ague then - I saw him shake.

It is so long ago that I cannot remember how  
long he was sick or whether he had chronic  
diarrhea or rheumatism. I remember most of the  
men had diarrhea. I suppose it was caused  
by exposure and the climate. I can only say  
of him that he was healthy when he enlisted and  
he had fever and ague while in the U.S. Service  
at Memphis. I have seen him occasionally since  
that time and he now has appeared to be  
a well man since.

I have no interest in this claim.

Leonard La Plante

Subscribed sworn to before me this 20<sup>th</sup> day of April  
A.D. 1888 & I certify that Leonard La Plante who  
signed the foregoing affidavit in my presence is a  
respectable person entitled to credit that the foregoing

don't remember when

20th - corrected for paper

St  
Oregon Town  
& ague

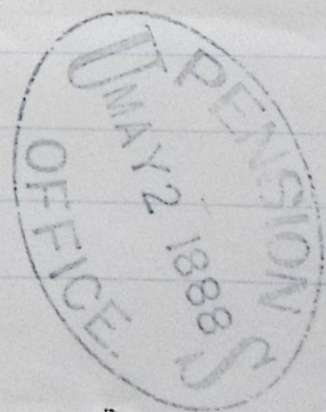


affidavit was carefully read to him before saying  
that I have no interest direct or indirect in  
the prosecution of this claim & that a copy of  
my affidavit as part of the Plan is on file  
in the Pension Bureau.

D. H. Wignour  
Justice of the Peace  
Brown Co. Mo.

CLERK,  
MINER,  
AUG 22 1888

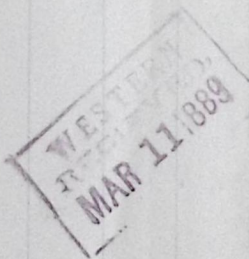
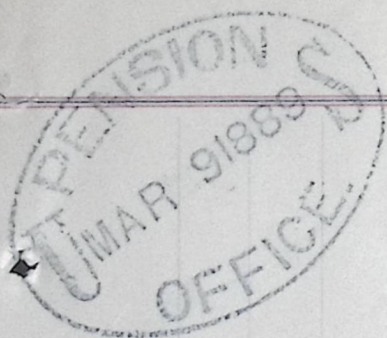
WESTERN  
RECEIVED  
MAY 4 1888













Western Div

EM 13

Div Cy 806705-

Francis Bertrand

Oct 15-09.

H-34 Wis Inf.

Mr Francis Bertrand  
Kenner, Wis.

Sir,

In your above cited claim for  
pension under the act of Feb 6-07.  
filed Aug 29/08, you were called on  
Sept 16/08. for proof of the date of your  
birth, if you are unable to furnish  
such proof as again indicated in  
the enclosed circular you should so  
state, and furnish the names of your  
parents, or if you were not living  
with your parents, the names of the  
persons with whom you were  
living in 1850 and 1860, together with  
the names of the Town, Township  
county and State of your residence  
during said years. W.R. Act Com.



State of Wisconsin  
County of Brown ss

On the 28<sup>th</sup> day of January  
A.D. 1885 before me Edmund P Boland Clerk of  
the Circuit Court a Court of record within and for  
the County State above named personally appeared  
Francis Bertrand who being by me duly sworn says  
That he is 45 years of age. That he resides in the  
Town of Luxemburg Kewaunee Co Wis and his  
P.O. address is Robinson P.O. Brown Co. Wis

That he is the identical Francis Bertrand who  
enlisted under the name of Francis Bertrand - (was drafted)  
as Private in Co H of the 34<sup>th</sup> Reg Wis Inf - Vol  
on the 29<sup>th</sup> day of November A.D. 1862 and was  
discharged on the 8<sup>th</sup> day of September 1863 at Camp  
Washburn near Milwaukee Wis by reason of expiration  
of term of service

That as above stated he was never engaged in  
the Military or Naval service of the United States.

That in July 1863 at Memphis Tennessee while  
in the service as aforesaid since the time of his discharge he  
became sick with fever and ague and chronic diarrhoea  
and was sent to the regimental hospital where he re-  
mained about a week when he became frightened  
and went back to his Co. - that he was sick until  
he was discharged although he was in duty.

That when he got to Green Bay he was sick so that  
he could not go home for eleven days and then went  
home to Luxemburg and remained sick until Jan 1864.  
That ever since that time he has been so afflicted  
with rheumatism and fever & ague that he has been

Rheumatism  
& fever & ague  
not claimed as  
service connected  
PENSION OFFICE  
FEB-21-1885



thruy disabled from the performance of manual labor  
at least to the extent of one half-

That when he first came back he was attended  
by Dr H.O. Cram who was Surgeon in the Provost-  
Marshal's office and who died 5 or 6 years ago

That after that he had no doctor, he relied on  
different medicine that he bought - a drug store -

That the only Hospital in which he was treated  
while in the service was the regimental hospital  
at - Memphis Tennessee -

That prior to his enlistment he was a  
sound healthy man & entirely free from chronic  
illness of any kind and he believes his present  
disability to have been caused by hardship in the  
U.S. service and to be the result of joint sickness

Florentine Frisque

Francis <sup>his</sup> Bertrand

Louis Grisselle

Also at the same time personally appeared  
Florentine Frisque and Louis Grisselle  
residents of Green Bay & whose P.O. address is Green  
Bay Wisconsin who being duly sworn say  
they were present - saw Francis Bertrand make  
his mark to the foregoing declaration - that they  
are well acquainted with him & know him to  
be the identical person he therein represents himself  
to be, and further that they have no interest  
in this claim.

Florentine Frisque

Louis Grisselle

Subscribed sworn to before me this 28 day of

2 Witnesses

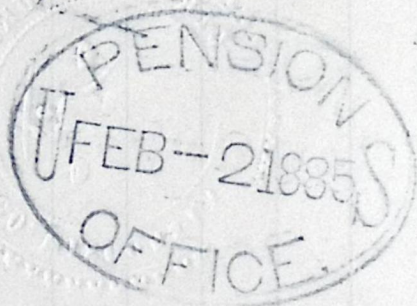


January A.D. 1885 & I certify that the foregoing  
declaration or was carefully read & fully explained  
to the applicant heretofore before swearing  
that they are reputable persons entitled to credit  
& that I have no interest direct or indirect  
in the prosecution of this claim.

Chas. H. Bland  
Clerk Circuit Court  
Brown Co. Wis



*His*



*X*